MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007097
STATE FILE NUMBER

AMENDED

Registration District No. E&K 179 Primary Registration District No. 5667 Registrar's No. 29

FILED MAR 5 1962

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Twp
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp. Inside Limits No X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lincoln
c. CITY OR TOWN Troy Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First Hadassah Middle Gladney Last Finley
4. DATE OF DEATH Month March Day 3 Year 1962
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married XX Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9/10/76
9. AGE (last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Lincoln Co. Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Robert A. Finley
13b. MOTHER'S MAIDEN NAME Margaret E. Finley
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Cy Wallace, Troy, Missouri. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH 5 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CEREBRAL ARTERIOSCLEROSIS — UNK -
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
FRACTURE L. HIP - SEPT 1961
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from SEPT 15 1961, to 3/3/62 and last saw her alive on 3/3/62
Death occurred at 1:47 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Louis P Hettage (Degree or title) M.D.
22b. ADDRESS Troy, Missouri
22c. DATE SIGNED 3/3/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/5/62
23c. NAME OF CEMETERY OR CREMATORY Gladney Graveyard
23d. LOCATION (City, town, or county) (State) Lincoln County, Missouri
24. FUNERAL DIRECTOR ADDRESS Kemper-Marsh Funeral Home, Troy, Mo.
25. DATE RECD. BY LOCAL REG. 3-3-1962
26. REGISTRAR'S SIGNATURE Charlotte Leeke

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

DEC 4 - 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~XXXXX~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Joseph J. Marsh Sr.

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.