MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016121
STATE FILE NUMBER

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 23

FILED MAY 1 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0720
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Matthews
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: New Madrid
c. CITY OR TOWN: Matthews
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): - - - - - - -
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Norman Middle: Kaylor Last: Finley
4. DATE OF DEATH: Month: April Day: 25 Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Aug. 1, 1890
9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months: 9 Days: 24
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Tipton, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Benjamin Finley
13b. MOTHER'S MAIDEN NAME: Letha Kaylor
14. NAME OF HUSBAND OR WIFE: Vivian Finley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Vivian Finley Address: Matthews, Mo.

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): Pneumonia, dehydration — INTERVAL BETWEEN ONSET AND DEATH: days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
~~DUE TO~~ (c): Urinary tract infection chronic
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral arteriosclerosis, Bedfastness, Paralysis Right Side
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Give 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 7-26-59 to 4-23-62 and last saw him/her alive on 4-23-62
Death occurred at 11:45 pm 4-25-62 on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Thomas Waltrip, M.D.
22b. ADDRESS: Sikeston Mo.
22c. DATE SIGNED: 4-26-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Apr. 27, 1962
23c. NAME OF CEMETERY OR CREMATORY: Matthews Cem.
23d. LOCATION (City, town, or county) (State): Matthews, Mo.
24. FUNERAL DIRECTOR: Albritton Funeral Home, Sikeston, Mo.
ADDRESS:
25. DATE RECD. BY LOCAL REG.: 4/26/62
26. REGISTRAR'S SIGNATURE: Fay Hedgpeth

(Licensed Embalmer's Statement on Reverse Side)

MAY 3 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,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Raymond L. Duffee

Licensed Embalmer No. 4798

P. O. Address Bernie, Mo.

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.