

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27635

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5943 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u> <u>81</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7</u>		d. STREET ADDRESS (If rural, give location) <u>Q</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LULA</u> b. (Middle) <u>ETTIE</u> c. (Last) <u>FINK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24 - 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 13 1876</u>
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Elk Prairie Mo D</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Alexander Adams</u>	
13b. MOTHER'S MAIDEN NAME <u>Susan Tenox</u>		13c. NAME OF HUSBAND OR WIFE <u>Philip Fink</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Larry Fink</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension, Nephritis</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>General Debility</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>April 30 1949</u> to <u>Aug 24 1949</u> , that I last saw the deceased alive on <u>Aug 22 1949</u> , and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) <u>Richard C. Hayes, D.O.</u>		23b. ADDRESS <u>Newburg, Missouri</u>	
23c. DATE SIGNED <u>8-29-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE <u>Aug 26 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trach</u>	
24d. LOCATION (City, town, or county) (State) <u>Newburg Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u>	
DATE REC'D BY LOCAL REG. <u>8-30-49</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoeckel</u> <u>380</u>	
ADDRESS _____		ADDRESS <u>Newburg Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED
Phelps County Health Officer,
County File Number
Date Filed SEP 6 1949

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.~~

Signed _____

Lee Johnson

Signed _____
Student Embalmer

Licensed Embalmer No. 3392

P. O. Address Newburg 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 this body is not embalmed, fact should be so stated above.