

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37244

FILED DEC 3 1949

State File No. ....

4827

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 9 years		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		48			
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #1				d. STREET ADDRESS (If rural, give location) 3633 WYANDOTTE					
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET		b. (Middle) LEE		c. (Last) FINK		4. DATE OF DEATH (Month) (Day) (Year) NOV. 13, 1949			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 8, 1919			
9. AGE (In years last birthday) 30		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Mins.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Prof. Drug Service		11. BIRTHPLACE (State or foreign country) Paris, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME JOHN SENNE		13b. MOTHER'S MAIDEN NAME MAE HINES		14. NAME OF HUSBAND OR WIFE WILLIAM B. FINK					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 488-18-0931		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILLIAM B. FINK, 3633 WYANDOTTE					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Suspected Barbiturate</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Poisoning</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Stomach analysis pending</i>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 2		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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:30A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Hugh H. Owens</i> CORONER (Type or title)				23b. ADDRESS <i>1036 Park Blvd</i>		23c. DATE SIGNED <i>11-14-49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 15, 1949		24c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. <i>11-14-49</i>		REGISTRAR'S SIGNATURE <i>Heraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Quirk &amp; Tobin</i>		ADDRESS 20 W. Linwood			

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

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 \_\_\_\_\_

Student Embalmer

Signed *Forest D. Caldwell*

Licensed Embalmer No. *4714*

P. O. Address *C. B. Moore*

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.