

FILED JUN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19511

0120  
1

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

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>4059</u>		Registrar's No. <u>244</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Neelyville</u>		c. LENGTH OF STAY (In this place) <u>9 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neelyville</u>		0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Orna</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Finger</u>	
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>5</u>		(Year) <u>1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 11 - 1890</u>		9. AGE (In years last birthday) <u>60</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Walter Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Watson</u>		NAME OF HUSBAND OR WIFE <u>Clavin Finger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Clavin Finger - Neelyville Mo</u>			
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, asthenia, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant Hypertension</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension - arteriosclerotic Cardio Vas Dis</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>  <u>6-8 months</u>  <u>443X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>June 1, 1950</u> , to <u>June 5, 1950</u> , that I last saw the deceased alive on <u>June 5, 1950</u> , and that death occurred at <u>12:25 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John R. Sample</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1208 Maud St. Sikeston Mo</u>		23c. DATE SIGNED <u>6/6/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-9-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Neelyville</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 8 - 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Res. G. B. Reed - Poplar Bluff, Mo</u>		ADDRESS <u>Mo</u>	

RECEIVED  
JUN 14 1990  
BUTLER CO. HEALTH CENTER  
FILE No. 650-253

APR 7 1992

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Lickston, 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.