

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2066

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>JEFF. BRKS.</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MIDDLETOWN,</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>BOX 59</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADM. HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>VESSIE</u> b. (Middle) <u>E.</u> c. (Last) <u>FINCH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-27-1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>11-6-96</u>	9. AGE (In years last birthday) <u>53</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>KOKOMO, IND.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>JOHN FINCH</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA WASHINGTON</u>		14. NAME OF HUSBAND OR WIFE <u>DIVORCED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES WW I</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>3 das.</u>

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 das.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		<u>UNK.</u>
DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HYPERTENSION</u>		<u>18 YRS.</u>

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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JEFF. BRKS. MO.</u>	
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 Aug. 25, 1950, to Aug. 27, 1950, that I last saw the deceased alive on Aug. 27, 1950, and that death occurred at 1:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>L.E. Stilwell M.D.</u> (Degree or title) <u>L.E. STILWELL, M.D., CHIEF OF PROFESS#</u>		23b. ADDRESS <u>VET. ADM. HOSP., JEFF. BRKS., MO.</u>		23c. DATE SIGNED <u>8-28-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Long Funeral Home</u>		24d. LOCATION (City, town, or county) (State) <u>Kokomo, Indiana</u>	
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DATE REC'D BY LOCAL REG. <u>8-29-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donike MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HOFFMEISTER U & L CO.</u>		ADDRESS <u>7814 S. BOWY ST.</u>	
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RWA (Licensed Embalmer's Statement on Reverse Side) ST. LOUIS, MO.

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

4000

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.....
.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Harry J. Schumacher*
Licensed Embalmer No. *2679*
P.O. Address *2814 S Broadway*

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.