

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33135**

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **148**

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vienna 0632	
c. LENGTH OF STAY (In this place) 6 wks.		d. STREET ADDRESS (If rural, give location) Star Route.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.			

3. NAME OF DECEASED (Type or Print) a. (First) Ada	b. (Middle) Johnson	c. (Last) Finn	4. DATE OF DEATH (Month) (Day) (Year) Oct. 24th, 1950.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 14th, 1880	9. AGE (In years last birthday) 70	10. UNDER 1 YEAR Months 7 Days 10	11. UNDER 24 HRS. Hours 10 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home-maker	10b. KIND OF BUSINESS OR INDUSTRY Home.	11. BIRTHPLACE (State or foreign country) Maries County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Mitchem.	13b. MOTHER'S MAIDEN NAME Susana Adkins.	14. NAME OF HUSBAND John P. Finn.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME John P. Finn	ADDRESS Vienna, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver		INTERVAL BETWEEN ONSET AND DEATH 1949 1949 152A
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch. Gastritis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS 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 type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Sept 2, 1950** to **Oct 24, 1950**, that I last saw the deceased alive on **Sept 24, 1950**, and that death occurred at **10:07 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John P. Finn (Degree or title) MD	23b. ADDRESS North St. Vienna, Mo.	23c. DATE SIGNED 10/24/50
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24a. BURIAL CREMATION, REMOVAL (Specify) Removal & Burial	24b. DATE Oct. 27, 1950.	24c. NAME OF CEMETERY OR CREMATORY Union Hill Cemetery,	24d. LOCATION (City, town, or county) (State) Vienna, Mo.
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DATE REC'D BY LOCAL REG. Oct. 25, 1950	REGISTRAR'S SIGNATURE [Signature]	99	25. FUNERAL DIRECTOR'S SIGNATURE Birmingham General Home	ADDRESS Vienna, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 8 1950

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 30 1950

RECEIVED

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.

Student Embalmer No.....

Signed.....

Lester A. Pitt

Signed.....
Student Embalmer

Licensed Embalmer No. *3254*

P. O. Address *Washington, Md.*

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.