

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36109**

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 22 **PRIMARY REG. DIST. NO.** 5087 **Registrar's No.** 9

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Bates</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN <b>Rural Hume</b> )		c. LENGTH OF STAY (in this place) <b>22 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hume township Rural 0070</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RR#1 Hume</b>		d. STREET ADDRESS (If rural, give location) <b>RR#1 Hume</b>			
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>Viola Mae Finwick</b>			b. (Middle)		
c. (Last)			<b>11-30-1950</b>		
<b>5. SEX</b> <b>female</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>never married</b>		<b>8. DATE OF BIRTH</b> <b>10-30-1904</b>	<b>9. AGE</b> (In years last birthday) <b>46</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done at this time, or during life, even if retired) <b>None</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Oklahoma</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>		<b>13a. FATHER'S NAME</b> <b>Milton Finwick</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lula Mae Phillips</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>none</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, or unknown) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Lula Finwick</b>		<b>ADDRESS</b>			
<b>18. CAUSE OF DEATH</b> 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.					
<b>MEDICAL CERTIFICATION</b>					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory Failure</b>					
ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b) <b>Myocardial Compensation</b>					
DUE TO (c) <b>Stomach and Intestines</b>					
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.					
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>2-11-1950</u>, to <u>11-30-1950</u>, that I last saw the deceased alive on <u>11-30-1950</u>, and that death occurred at <u>8:20 p.m.</u>, from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <b>J. R. Martin, M.D.</b>			<b>23b. ADDRESS</b> <b>Finwick Rd. R. 1, W. 11</b>		<b>23c. DATE SIGNED</b> <b>12-3-50</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>12-3-1950</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Hume Cemetery</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Hume, Missouri</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Chas. E. ...</b>			
<b>DATE REC'D BY LOCAL REG.</b> <b>Dec 4</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Gernert H. Martens</b>		<b>ADDRESS</b> <b>Ft. Scott, Kansas</b>	

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

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**RECEIVED**

12/6/50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 12-6-50

**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

Signed \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 2081

P. O. Address Ft. Scott, Kansas

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.