No. 300
10.48

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

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40290

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 177

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington
c. LENGTH OF STAY (in this place) 12 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Union 0360
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) August
b. (Middle) J.
c. (Last) Fink

4. DATE OF DEATH (Month) Dec (Day) 9 (Year) 1950

5. SEX MALE
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 18, 1877
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 2 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker
10b. KIND OF BUSINESS OR INDUSTRY President
11. BIRTHPLACE (State or foreign country) Jeffriesburg, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Fink
13b. MOTHER'S MAIDEN NAME Catherine Schrieber
14. NAME OF HUSBAND OR WIFE Elizabeth Fink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Elizabeth Fink, ADDRESS Union, Mo.

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) Cardiorenal disease — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 442X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 40, *to* 12-9-, 19 50, *that I last saw the deceased alive on* 12-9, 19 50, *and that death occurred at* 11:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE H. M. Denny (Degree or title) M.D.
23b. ADDRESS Union Mo
23c. DATE SIGNED 12.11.50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-12-50
24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery
24d. LOCATION (City, town, or county) Union (State) Missouri

DATE REC'D BY LOCAL REG. Dec. 12, 1950
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE Union Funeral Home ADDRESS Union

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 16 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 Harlan H. Johannaber

Signed.....
Student Embalmer

Licensed Embalmer No. 4488

P. O. Address Unionville, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.