No. 300
10.48

0980
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FILED APR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11225
State File No.

BIRTH NO. _____ REG. DIST. NO. 925' PRIMARY REG. DIST. NO. 4478 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: SCHUYLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LANCASTER
c. LENGTH OF STAY (in this place): 80 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: SCHUYLER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LANCASTER 0980
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): BELLE
b. (Middle): ZORA
c. (Last): FINCHER

4. DATE OF DEATH (Month) (Day) (Year): MAR 31, 1951

5. SEX: M F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAR 8, 1866
9. AGE (In years last birthday): 85 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): IOWA
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: RICHARD LASLEY
13b. MOTHER'S MAIDEN NAME: ELIZABETH SMITH
14. NAME OF HUSBAND OR WIFE: J.F. Fincher

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: Mrs Noah Bellanger
ADDRESS: Lancaster, 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) Heart Complications
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) and General Debility
DUE TO (c) Senility
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Incontinence

INTERVAL BETWEEN ONSET AND DEATH: —

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
4343
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.): no.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): none Schuyler Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: No Injury

22. *I hereby certify that I attended the deceased from* Mch 25, 1951, *to* Mch 29, 1951, *that I last saw the deceased alive on* 9/25, 1951, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. E. Gerwig MD
23b. ADDRESS: Downing Mo.
23c. DATE SIGNED: 3-31-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APR 2, 1951
24c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW
24d. LOCATION (City, town, or county) (State): Lancaster, Mo

DATE REC'D BY LOCAL REG.: Apr. 5/1951
REGISTRAR'S SIGNATURE: Mrs. A. J. Drake
25. FUNERAL DIRECTOR'S SIGNATURE: Everett R Head
ADDRESS: Lancaster, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: APR 9 1961
DISTRICT HEALTH OFFICE #2
District File Number 4-51-695
Date Filed: APR 10 1951

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 _____
Student Embalmer

Signed Everett R. Neal

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.