

FILED MAY 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Fitch
12318
State File No. _____
Registrar's No. 257

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465

396

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>Rural, North Campbell Twp Springfield</u>		c. CITY OR TOWN <u>Springfield, Rural N. Campbell Twp</u>	
c. LENGTH OF STAY (in this place) <u>25 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 11 Box 800</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 11 Box 800</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 11 Box 800</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Beatrice</u> b. (Middle) <u>-----</u> c. (Last) <u>Finch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April, 22, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec. 11, 1870</u>		9. AGE (In years less birthday) <u>80</u>		10. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Old Monroe, Missouri</u>	

13a. FATHER'S NAME <u>William O'Neill</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Fred E. Finch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Jane Finch</u> ADDRESS <u>Springfield, Mo</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular Renal Disease</u>		INTERVAL BETWEEN ONSET AND DEATH	
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 4-16, 1951, to 4-22, 1951, that I last saw the deceased alive on 4-21, 1951, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M.D.</u> (Degree or title)		23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>4-24-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/24/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn</u>	
		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>			

DATE REC'D BY LOCAL REG. <u>4/25/51</u>		REGISTRAR'S SIGNATURE <u>M.E. Handley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Lohmeyer</u> ADDRESS <u>Springfield, Mo</u>	
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RECEIVED
Greene County Health Office,
County File Number 51-4-25
Date Filed 4-25-51

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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Bert Johnson

Licensed Embalmer No. 4734

P. O. Address Springfield

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.