

FILED MAY 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17142

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3135 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellington	
c. LENGTH OF STAY (In this place) 2 Wks.		0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Memorial		d. STREET ADDRESS (If rural, give location) 2 blocks West on Highway #24	

3. NAME OF DECEASED (Type or Print) a. (First) Verda b. (Middle) Belle c. (Last) Finch			4. DATE OF DEATH (Month) (Day) (Year) May 14, 1951		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 22, 1893	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 3	IF UNDER 12 HRS. Days 15	IF UNDER 24 HRS. Mln.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Own home - Retired Teacher	11. BIRTHPLACE (State or foreign country) Lexington, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Walter Oliver	13b. MOTHER'S MAIDEN NAME Lina Welch	14. NAME OF HUSBAND OR WIFE Fred Finch
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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) No	16. SOCIAL SECURITY NO. 492-26-5318	17. INFORMANT'S SIGNATURE OR NAME Fred Finch	ADDRESS Wellington, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung with metastases to cervical & lumbar spines & liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>months one 6</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastases to cervical & lumbar spines & liver</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>		

19a. DATE OF OPERATION 1949	19b. MAJOR FINDINGS OF OPERATION Cancer of left breast	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Wellington	(COUNTY) 162X	(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 May, 1949, to May 14, 1951, that I last saw the deceased alive on May 14, 1951, and that death occurred at 3:50P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ben H. Brashear MD</u> (Degree or title)	23b. ADDRESS Lexington, Missouri	23c. DATE SIGNED May 15, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 16, 1951	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) Wellington, Missouri	(State)
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DATE REC'D BY LOCAL REG. May 19 1951	REGISTRAR'S SIGNATURE <u>Wm. E. Statton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Sheppard</u>	ADDRESS Wellington MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

542

RECEIVED 5-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 5-28-51

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

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

J. Blair Sheppard

Licensed Embalmer No. 4179

P. O. Address *Wellington, 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.