

No. 369
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29813

State File No.

FILED OCT 10 1951

BIRTH NO. 60143-51 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 250

264

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CARROLL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORBORNE</u>	
c. LENGTH OF STAY (in this place) <u>15 MAN</u>		0170	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>In-town (No address)</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>LEROY</u> c. (Last) <u>FINCH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 27 1951</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>SEPT 27-1951</u>		9. AGE (In years last birthday) <u>15</u>		10. IF UNDER 1 YEAR Days <u>—</u> Hours <u>—</u> Min. <u>—</u>		11. IF UNDER 2 HRS. Hours <u>—</u> Min. <u>—</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None (child)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (State or foreign country) <u>JEFFERSON CITY, MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>MO (USA)</u>		
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13a. FATHER'S NAME <u>Robert FINCH</u>			13b. MOTHER'S MAIDEN NAME <u>FRANCES ALEXANDER</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year of dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frances Finch - Jefferson City</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia (MATERNAL ORIGIN)</u>		PRE-ECLAMPSIA (OF MOTHER)						48 Hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>DIABETES (CONTROLLED) MATERNAL</u>						1 WEEK	
DUE TO (c) <u>TOXAEMIA OF PREGNANCY</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						5 YRS.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>169.0</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 8:55 AM - 9:27 19 51, to 9:10 AM; 9-27, 19 51, that I last saw the deceased alive on 9-27, 1951, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Donald Skell, M.D.</u>		23b. ADDRESS <u>229 E. High St Jefferson City, Mo</u>		23c. DATE SIGNED <u>9-27-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept 28 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Longview</u>		24d. LOCATION (City, town, or county) (State) <u>Cole County Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Sept 29-51</u>		REGISTRAR'S SIGNATURE <u>R.P. Darrin MD-DR</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James Levine - 702 Jefferson</u>	
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RECEIVED 10-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-9-51 _____

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 _____

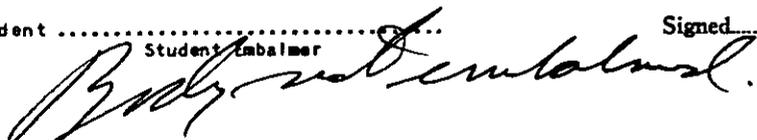
Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____



Licensed Embalmer No. _____

P. O. Address _____

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.