

V. S. No. 300
REV. 10. 48

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4406
38
Registrar's No. 38

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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>Maries</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>VIENNA</u> <u>0630</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chas. E. Still Osteo. Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>HENRY</u> c. (Last) <u>FINN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 12 1952</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 17 1880</u>
9. AGE (In years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>VIENNA MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE	
13a. FATHER'S NAME <u>BAYNETT FINN</u>		13b. MOTHER'S MAIDEN NAME <u>MALINDA ORTEN</u>	
13c. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <u>EVE JANE FINN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-22-6157</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M. Mitchell</u> ADDRESS <u>810 Mulberry J.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> 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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
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) m.	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 <u>2/9</u> , 19 <u>52</u> , to <u>2/12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2/12</u> , 19 <u>52</u> , and that death occurred at <u>5:05 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>P.A. Michael</u>		23b. ADDRESS <u>Jefferson City</u>	
23c. DATE SIGNED <u>2/12/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2/14/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wm. W. Cunningham</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb 12 1952</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MA-MR.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Cunningham</u>		ADDRESS <u>Jefferson City</u>	

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

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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: *W. C. Birmingham*

Licensed Embalmer No. *3667*

P. O. Address *Jenna, 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.