

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4969

State File No.

995

FILED MAR 15 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson /		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Jackson <i>(division)</i> 31K8	
b. CITY (If outside corporate limits, write RURAL and give township) OR Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR Kansas City	
c. LENGTH OF STAY (in this place) 6yrs		d. STREET ADDRESS (If rural, give location) 1016 Bales	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1016 Bales			

3. NAME OF DECEASED a. (First) **MISS. DORA** b. (Middle) **E.** c. (Last) **FINK** 4. DATE OF DEATH (Month) (Day) (Year) **Feb 29, 1952**

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 6, 1883	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 15 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Binding		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Jacksonville, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME **John H. Fink** 13b. MOTHER'S MAIDEN NAME **Mary Curts** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Nellie Hortsman** ADDRESS **K.C. Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Mitral regurgitation**

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **There has been a focal infection some where in the body.**

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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Feb. 27**, 19 **52**, to **Feb. 29**, 1952, that I last saw the deceased alive on **Feb. 27**, 19 **52**, and that death occurred at **A** m., from the causes and on the date stated above.

23a. SIGNATURE **James W. Graham** (Degree or title) **M. D.** 23b. ADDRESS **518 Argyle Bldg. K C Mo.** 23c. DATE SIGNED **2/29/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Mar. 3, 1952** 24c. NAME OF CEMETERY OR CREMATORY **Woodlawn** 24d. LOCATION (City, town, or county) (State) **Indep. Mo.**

DATE REC'D BY LOCAL REG **3-3-52** REGISTRAR'S SIGNATURE **Sheraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **Att. Mitchell** ADDRESS **Indep. Mo.**

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

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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed *D. M. [Signature]*.....

Licensed Embalmer No. 3156

P. O. Address *[Signature]*

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.