

The DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5929

State File No.

FILED MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5901 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Pemissot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemissot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Concord</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>0780</u>	
		d. STREET ADDRESS (If rural, give location) <u>Star Route Hayti, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sandra</u> b. (Middle) <u>Ann</u> c. (Last) <u>Fincher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 25, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov 30, 1951</u>
9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>25</u> IF UNDER 6 WKS. Hours <u>—</u> Min. <u>—</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Blytheville Ark</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Verlon Fincher</u>	
13b. MOTHER'S MAIDEN NAME <u>Barbara King</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Verlon Fincher</u>		ADDRESS <u>Star St. Hayti, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hydrocephalus</u> DUE TO (c) <u>Spina Bifida Vera</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>D.O.A.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		751X	
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 <u>Nov. 30</u> , 19 <u>51</u> , to <u>Feb. 25</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Feb. 23</u> , 19 <u>52</u> , and that death occurred at <u>7:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert Baugh</u>		23b. ADDRESS <u>D.O. Steele, Mo</u>	
23c. DATE SIGNED <u>2-25-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremated</u>	
24b. DATE <u>2-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Raymond Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Cortezville Mo Rural</u>		DATE REC'D BY LOCAL REG. <u>2-29-52</u>	
REGISTRAR'S SIGNATURE <u>John W. Herman</u>		FUNDAL DIRECTOR'S SIGNATURE <u>John W. Herman</u>	
ADDRESS <u>Hayti, Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

3-52-66

Rec. MAR 1 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 _____

Not Embalmed
John W. Herman

Licensed Embalmer No. *4355*

P. O. Address *Wayti, 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.