

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19175

State File No.

FILED JUN 11 1952

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4539 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Williamsville</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Williamsville</u> <u>1110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>NOBLE</u> c. (Last) <u>FINCH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-2-52</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>7-19-1934</u>
9. AGE (to years last birthday) <u>17</u>		10. MONTHS <u>10</u>	11. DAYS <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Wesley, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas J. Finch</u>		13b. MOTHER'S MAIDEN NAME <u>Susan E. Cooper</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)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Thomas J. Finch</u>		ADDRESS <u>Greenville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u> ANTECEDENT CAUSES DUE TO (b) <u>Epilepsy</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Epileptic Convulsion</u> 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 <u>3533</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) <u>Jasper Wayne Mo</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:30 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Harvey E. Bowler</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>Corona Medmont Mo.</u>	
23c. DATE SIGNED <u>6/5/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-6-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenville Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Greenville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 6, 1952</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward</u> <u>460</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wish Funeral Home</u>		ADDRESS <u>Greenville Mo.</u>	

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

RECEIVED

JUN 10 1962

WAYNE CO. HEALTH CENTER

FILE No. 652-40

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Marvin E. Bowler

Licensed Embalmer No. 4426

P. O. Address Presque Isle

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.