STANDARD CERTIFICATE OF DEATH STANDARD CERTIFICATE OF DEATH Specifies of the property of	·	FIEDOCT O	1952			ALTH OF MISSOU		31415		
BERTH NO. BEG. DIST. NO. 137 PRIMARY REG. DIST. NO. 44 Ligraritor's No. 44 Ligraritor'		l (leas o o .		STANDA	ARD CERTIF	ICATE OF DEA	NTH State	File No		
a. COUNTY Henry XHXEKENXERWENTETERS b. CITY cit consides corpures tubiles, write RURAL and dress and the state of the county of	10.48	BIRTH NO	<u> </u>	_ REG. DIST. P	137	PRIMARY REG. DIST.	NO. 42 1600	istrar's No.		
Benry Market Ryland of the Company o		I. PLACE OF DEA	ТН				ENCE (Where deceased I	ived. If institution: residence l	efo e	
ON Calboun Missouri Coverable of Tayling the plant of TOWN Calboun Missouri Coverable of Coverabl	J20	a. COUNTY Hem	TY XXXXX	KWAXEZIWAKA	XXXXXX	a. STATE Misso	ouri 6. co		alon'.	
G. FULL NAME OF (if set is heaptal or lasticules, give street address or location) ADRESS (III mail, stree location) ADRESS (III mail, street location) ADRESS (III mail, street location) ADRESS (III mail) ADRES)		rporate limite, write F		c. LENGTH OF	II OR	porsta limits, write RURAL s	and give township!	()	
Figure Fried Finks DEATH 9 29 52 52 52 53 54 55 55 56 56 50 56 50 56 50 56 50 56 50 50			un Misa		life		1 07	<u>. </u>		
Figure Fried Finks DEATH 9 29 52 52 52 53 54 55 55 56 56 50 56 50 56 50 56 50 56 50 50	ORO	d. FULL NAME OF (HOSPITAL OR	If not in hospital or i	natitution, give street	address or location)	ADDRESS				
Part Print Richard Edward Finks DEATH 9 29 52	EC							-		
S. SKX G. COLOR OR RACE 7. MAGRIED INVESTMENTION S. DATE OF BIRTH Death the back below March Mar							l OF)	
William C. Finks Sallia Gaotree William C. Finks Sallia Gaotree Bayer C. Finks Social Security In Medication of the Management of th	Z,	1								
William C, Finks	NE	1 D					last birthday	day) Months Days Hours Min.		
William C, Finks	Ş	10a. USUAL OCCUPATIO	ON (Give kind of work		BUSINESS OR IN-	14 21221111	*	12. CITIZEN OF W	HAT	
William C, Finks	ER			Grain		t	·	1 COUNTRIA		
William C. Finks S. WAS DECRASE EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY DEPORTMENT'S SIGNATURE OR NAME ADDRESS 18. WAS DECRASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY DEPORTMENT'S SIGNATURE OR NAME ADDRESS ADDRESS 18. COLOR OF DEATH Enter only one equispper Interfer only one equipper Interfer one equipper Interfer only one equipper Interfer one equip	Δ.									
15. WAS DECEASED EVER IN U. S. ARMED FORCEST 10. SOCIAL SECURITY (Nos. no. or utaken) (If yes, give art or dates of service) 10. 1	4	ll			Sallie Geo	rge	Rose F	C. Finks		
18. CAUSE OF DEATH INTERCHAP INTERCH	X E	15. WAS DECEASED EVE	R IN U.S. ARMED	FORCES? 16. SC	OCIAL SECURITY		S SIGNATURE OR I	NAME A ADDRES	S	
18. CAUSE OF DEATH INTERCHAP INTERCH	MΑ			1		Moren	el Jun	is paine	2	
Iline for (a), (b), and (c) This does not mean the mode of dying, such as the title conditions, if any, giring DUE TO (b) This does not mean the mode of dying, such as the risk to the above cause (a) stating the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. It means the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. This does not mean the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. DUE TO (c) This does not mean the discovery of the underlying cause last. This does not mean the discovery of the underlying cause last. This does not mean the discove	1	18. CAUSE OF DEATH MEDICAL CERTIFICATION INTERVAL BETWEEN								
This does not mean the mode of dying, such as heart fallen, eathering, all its to the above cause (a) stating the underlying cause last. DUE TO (c) DUE TO (c) 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 19a. DATE OF OPERATION 21a. ACCIDENT (Boxedly) 21b. PLACE OF INJURY (a.e. to or above booms, farm, lastory, street, office bidds, stall points, and that death occurred at 8.140 Pm., from the causes and on the date stated above. 21d. TIME (Moonth) (Day) (Year) (Gourl): 21s. INJURY OCCURRED WHILE AT WORK 1.	M .		DIRECTLY LEAD	ING TO DEATH(a)	my	andilis		10 da		
See heart failure, astheria, ct. It means the discussion of the underlying cause lost. DUE TO (c) DUE TO (c) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death. 19a. DATE OF OPERA TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 12b. PLACE OF INJURY (a.g., is or shoot) HOMICIDE 12d. TIME (Month) (Day) (Year) (Hour); 21b. INJURY OCCURRED WHILEAT NOT WHILE 121d. Time (Month) (Day) (Year) (Hour); 21b. INJURY OCCURRED WHILEAT NOT WHILE AWORK A		This does not mean ANTECEDENT CAUSES								
cc. 11 means the discase, injury, or compileration which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting death. 19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION 21c. INJURY (a.g., in or about booms, farm, factory, street, office bidg., ser.) 21d. Time (Month) (Day) (Year) (Hour). 22d. DATE SIGNED (Hou	4		the mode of dying, such Morbid conditions, if any, gloing DUE TO (b)							
19a. DATE OF OPERA- TION 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE 19b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (s.g., in or about HOMICIDE 21d. Time (Month) (Day) (Year) (Hour); 21e. INJURY OCCURRED OF INJURY 21d. Time (Month) (Day) (Year) (Hour); 21e. INJURY OCCURRED OF INJURY 21d. Time (Month) (Day) (Year) (Hour); 21e. INJURY OCCURRED OF INJURY 21d. Time (Month) (Day) (Year) (Hour); 21e. INJURY OCCURRED OF INJURY 21d. Time (Month) (Day) (Year) (Hour); 21e. INJURY OCCURRED OF INJURY 21d. Time (Month) (Day) (Year) (Hour); 21e. INJURY OCCURRED OF INJURY 21d. Time (Month) (Day) (Year) (Hour); 21e. INJURY OCCURRED OF INJURY 21d. Time (Month) (Day) (Year) (Hour); 21e. INJURY OCCURRED OF INJURY 22e. Interest of that I attended the deceased from Miles Of Injury (County) (State) 22e. DATE SIGNED OF INJURY 22e. DATE SIGNED OF INJURY OCCURRED OF INJURY	181	etc. It means the dis-								
19a. Date of OPERA 19b. MAJUR FINDINGS OF OPERATION 19b. Majur 19	ర్జ		II. OTHER SIGNI			1				
19a. Date of OPERA 19b. MAJUR FINDINGS OF OPERATION 19b. Majur 19	NIO.		Conditions contributing to the death but not				•	}·		
21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (s.e., in or about SUICIDE 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) (Day) (Year) (Hour); 21e. INJURY OCCURRED OF INJURY OCCURRED OCCURRED OF INJURY OCCURRED OCCURR		19a. DATE OF OPERA-	·				1 7	20. AUTOPSY1		
21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (s.e., in or about SUICIDE 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) (Day) (Year) (Hour); 21e. INJURY OCCURRED OF INJURY OCCURRED OCCURRED OF INJURY OCCURRED OCCURRED OF INJURY OCCURRED OF INJURY OCCURRED	Z	TION	.				61	OX YES NO		
21d. TIME (Month) (Day) (Year) (Hour): 21e. INJURY OCCURRED OF INJURY OCCURRED WHILE AT NOT WHILE AT WORK. 22. I hereby certify that I attended the deceased from May / , 1921, to 9-29, 1921, that I last saw the deceased alive on 9-25, 1921, and that death occurred at 8:40 Pm., from the causes and on the date stated above. 23a. SIGNATURE (Degree of thic) 23b. ADDRES 23c. DATE SIGNED 9-30-by 24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TION, BEMOVAL (Specify) 10 1 52 Calhoun Cemetery (Calhoun Missouri) DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 422 25c. MERAL DIRECTOR'S SIGNATURE ADDRESS.		21a. ACCIDENT	(Specify)			21c. (CITY, TOWN, OR	TOWNSHIP) (C	COUNTY) (STATE)	•	
INJURY D. WORK AT WORK 22. I hereby certify that I attended the deceased from May 1, 1921, to 9-24, 1921, that I last saw the deceased alive on 9-25, 1921, and that death occurred at 8:40 Pm., from the causes and on the date stated above. 23a. SIGNATURE (Degree of thic) 24a. BURIAL, CREMA- 24b. DATE 1001, REMOVAL (Specific) 10 1 52 Calhoun Cemetery (Calhoun Missouri DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 42 25 FORERAL DIRECTOR'S SIGNATURE ADDRESS.	Ž	HOMICIDE ,		bome, tarm, metory,	street, omos prog., erc.)		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
INJURY D. WORK AT WORK 22. I hereby certify that I attended the deceased from May 1, 1921, to 9-24, 1921, that I last saw the deceased alive on 9-25, 1921, and that death occurred at 8:40 Pm., from the causes and on the date stated above. 23a. SIGNATURE (Degree of thic) 24a. BURIAL, CREMA- 24b. DATE 1001, REMOVAL (Specific) 10 1 52 Calhoun Cemetery (Calhoun Missouri DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 42 25 FORERAL DIRECTOR'S SIGNATURE ADDRESS.	G 33		(Day) (Year)			21f. HOW DID INJURY	OCCUR7	•		
Oct 1-55 Florence adam of Med William Cluston					- AT WORK	<u> </u>		1. ·		
Oct 1-55 Florence adam of Med William Cluston	INLY	11 77 1 Nevenii Certiiii Indi 1 dilenned ine deceded 11016 - Francisco III di - II								
Oct 1-55 Florence adam of Med William Cluston	Ę	<u> </u>	/ /					23c. DATE SIGN		
Oct 1-55 Florence adam of Med William Cluston	F4	Mon	Valki	1.)	M. DO				<u>57</u>	
Date REC'D BY LOCAL REGISTRAR'S SIGNATURE address of the William Cluster	Ē	24a. BURIAL. CREMA		4		1			:)	
Date REC'D BY LOCAL REGISTRAR'S SIGNATURE address of the William Cluster	¥,	BUFFE	<u>" 10 1</u>	52	Calhoun C	4 - 4 - 4 - 4				
(Licensed Embalmer's Statement on Reverse Side)	•	DATE REC'D BY LOCAL	L REGISTRAR'S	SIGNATURE	A 422	25 PORTERAL STREET	TOR'S SIGNATURE	ADDRESS .	 N	
		<u> </u>	- W W	(Lie	ensed Embalmer's	Statement on Reverse Sid	(e)		#	

	meel	Francisco F.	egra ver
		ii Lu	75 1760 S 3560 S
	- LC 31	P. ottoc 1871/n.	
:	\$ 6	PR	Na*1
			a storer
•		example of other	, who the

STATEMENT BY LICENSED EMBALMER

I her	eby certify	that the boo	ly whose	name is record	ied on the re	verse side of this	certificate was e	mbalmed	by me, or b	Y
·· · · · · · · · · · · · · · · · · · ·			······				Student Emb	almer No.	·	
				•	•	•	^	1		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

working under my personal supervision.

Licensed Embalmer, No.

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.