S. No. 300
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Filed SEP 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32046

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 178

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (In this place): 68 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCune-Brooks hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage 0403
d. STREET ADDRESS (If rural, give location): 614 S. McGregor St.

3. NAME OF DECEASED (Type or Print)
a. (First): ALFRED
b. (Middle): LOUIS
c. (Last): FINKE

4. DATE OF DEATH (Month) (Day) (Year): Sept 16, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar 17, 1882
9. AGE (In years last birthday): 70 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.: 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired salesman
10b. KIND OF BUSINESS OR INDUSTRY: feed & seed
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Rudolph Finke
13b. MOTHER'S MAIDEN NAME: Elizabeth Eisenmeyer
14. NAME OF HUSBAND OR WIFE: Grace D. Finke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 514-20-9556
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. A. E. Finke, 614 McGregor, Carthage, Mo

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) (1) Cancer of Colon — INTERVAL BETWEEN ONSET AND DEATH: 16 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) (2) Lymphosarcoma — 16 mo
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: 7/6/51
19b. MAJOR FINDINGS OF OPERATION: Cancer of Colon — Biopsy of glands Lymphosarcoma
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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): None
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 2001

22. *I hereby certify that I attended the deceased from* May, 1951, *to* Sept 16, 1952, *that I last saw the deceased alive on* Sept 16, 1952 *and that death occurred at* 12:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George H. Wood MD
23b. ADDRESS: Carthage Mo
23c. DATE SIGNED: 9/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Sept 18, 1952
24c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
24d. LOCATION (City, town, or county) (State): Carthage, Missouri

DATE REC'D BY LOCAL REG.: 9-18-52
REGISTRAR'S SIGNATURE: L B Clinton, MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Knell Mortuary Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-26-52
Jasper County Health Office

County File Number 52/9/746

Date Filed 9-26-52

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.