

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38291

State File No.

FILED DEC 15 1952

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **1109**

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| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Dade | |
| b. CITY (If outside corporate limits, write RURAL and give township) Springfield | | c. CITY (If outside corporate limits, write RURAL and give township) Lockwood 1290 | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Springfield Baptist Hospital | | | |

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|-------------------------------------|--------------------------|---------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Hector | b. (Middle) Thomas | c. (Last) Finke | 4. DATE OF DEATH (Month) (Day) (Year) Dec 11, 1952 |
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|--------------------|-------------------------------|---|--------------------------------------|---|---|---------------------------------------|
| 5. SEX Male | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Dec 16, 1881 | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 WKA Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (State or foreign country) Illinois | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
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| 13a. FATHER'S NAME Thomas Finke | 13b. MOTHER'S MAIDEN NAME Elizabeth Bertha Knobelle | 14. NAME OF HUSBAND OR WIFE Charlotte Finke |
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| 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. UNKNOWN | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Opal SeJager daughter | ADDRESS Lockwood MO |
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| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 1 day |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mesenteric Artery Thrombosis 2 weeks | | |

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| 19a. DATE OF OPERATION 11-24-52 | 19b. MAJOR FINDINGS OF OPERATION Mesenteric Artery Thrombosis 4201 | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) (Min.) | 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 **11-23-1952**, to **12-10-1952**, that I last saw the deceased alive on **12-10-1952**, and that death occurred at **6:00** a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE James T. Good (Degree or title) MD | 23b. ADDRESS Holland Bldg Springfield | 23c. DATE SIGNED 12-11-52 |
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|--|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE 12-11-52 | 24c. NAME OF CEMETERY OR CREMATORY Greenfield Mo. | 24d. LOCATION (City, town, or county) (State) Dudenville Mo. |
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| DATE REC'D BY LOCAL REG. 12-12-52 | REGISTRAR'S SIGNATURE Edith Williamson | 25. FUNERAL DIRECTOR'S SIGNATURE J.W. KLINGNER & CO. | ADDRESS SPRINGFIELD MO |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATE OF MASSACHUSETTS

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 *O. G. Stone Jr.*

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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.