

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5665

State File No.

FILED MAR 3 1953

REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 5558 Registrar's No. 6

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

1. PLACE OF DEATH a. COUNTY HOWELL b. CITY OR TOWN R Dry Creek Twp c. LENGTH OF STAY (in this place) 77 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION res.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Howell c. CITY OR TOWN "Rural" Dry Creek Twp. d. STREET ADDRESS (If rural, give location) Pomona, Mo., Rt. 2	
3. NAME OF DECEASED a. (First) INDIANA b. (Middle) FINE c. (Last) FINE (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1953
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH July 25, 1862
9. AGE (In years last birthday) 90 if under 1 year Months Days if under 2 hrs. Hours Min.		11. BIRTHPLACE (State or foreign country) (90) Winston Co, Alabama 12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME Sheriff Gregory		13b. MOTHER'S MAIDEN NAME Julia Ann Dodd	
14. NAME OF HUSBAND OR WIFE Charley Fine		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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lewis Stone, Pomona, Mo. Rt. 2	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* CARDIO-VASCULAR-RENAL DISEASE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) WITH ANURIA DUE TO (c) SENILITY	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 15 Feb, 1953, to 15 Feb, 1953, that I last saw the deceased alive on 15 Feb, 1953, and that death occurred at 12:10 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) [Signature]		23b. ADDRESS West Plains, Mo.	
23c. DATE SIGNED 20/2/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb. 17, 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cem.	
24d. LOCATION (City, town, or county) (State) Dry Crk Twp. Howell Co, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hal Thourburgh, W. Plains, Mo.	
DATE REC'D BY LOCAL REG. 2/28/53		REGISTRAR'S SIGNATURE Marshall Ballard	

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, ~~by~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Hal Thourburgh

Licensed Embalmer No. 3408

P. O. Address W. Plains, 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.