

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20745

State File No. _____

FILED JUL 13 1953		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>741</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Joseph</u> TOWN		c. LENGTH OF STAY (In this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>DeKalb</u> TOWN <u>0110</u>				
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <u>Virginia B. Nursing Home</u> INSTITUTION <u>514 N. 10th Street</u>				d. STREET ADDRESS (If rural, give location) ***** <u>/</u>				
3. NAME OF DECEASED (Type or Print) <u>Betty M. Finch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1953</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>November 29, 1875</u>		
9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>7</u>		11. DAYS <u>7</u>		12. HOURS <u>7</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DeKalb, Missouri.</u> <u>0</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>								
13a. FATHER'S NAME <u>Theo Grace</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Hickman</u>			14. NAME OF HUSBAND OR WIFE <u>J. M. Finch</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u> *****			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>J. M. Finch</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES <u>Marbled conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma of uterus</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>unknown</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>174X</u>			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 <u>May 16, 1953</u> , to <u>June 27, 1953</u> , that I last saw the deceased alive on <u>June 27, 1953</u> , and that death occurred at <u>7:15P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Thomas E. Wagoner M.D.</u>				23b. ADDRESS <u>301 Illinois St. Joseph Mo</u>		23c. DATE SIGNED <u>7/1/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 29, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near DeKalb, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 8, 1953</u>		REGISTRAR'S SIGNATURE <u>Lothar M. Allison</u> <u>485</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyerhoffet & Leeman</u>		ADDRESS <u>St. Joseph, Mo.</u>		

(Licensed Embalmers' Statement on Reverse Side)

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

ES61-5-1 TOP

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 Edward R. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.