

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24176

State File No.

BIRTH NO. 3110 JUL 20 1953 REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0201 El Dorado Springs 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Twin Oaks Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>111 West Hickory</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>	b. (Middle)	c. (Last) <u>FINNELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 12, 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Nov. 17, 1881</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (State or foreign country) <u>Burlington Jct. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>JOHN M. FINNELL</u>	13b. MOTHER'S MAIDEN NAME <u>AMANDA GOODMAN</u>	14. NAME OF HUSBAND OR WIFE <u>FANNIE HALL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ida Finnell Burl. Jct. Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		<u>sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c)		<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 June 29, 1953, to July 12, 1953, that I last saw the deceased alive on July 6, 1953, and that death occurred at 10 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Sunderworth 2 D.D.</u>	23b. ADDRESS <u>El Dorado Spgs.</u>	23c. DATE SIGNED <u>7-15-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July 15, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OHIO CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Burlington Jct. Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 16, 1953</u>	REGISTRAR'S SIGNATURE <u>J. W. Harrison</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Carver El Dorado Spgs.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

May W. Becking

Licensed Embalmer No.

4696

P. O. Address

Orlando, Florida

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.