No. 300
10.48

FILED SEP 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30746

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 42

990
1.

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

1. PLACE OF DEATH
a. COUNTY: Scotland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Memphis
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Scotland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Memphis Mo
d. STREET ADDRESS (If rural, give location): 0990

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle): Bella L.
c. (Last): Fincher

4. DATE OF DEATH (Month) (Day) (Year): Aug 22 1953

5. SEX: F. 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, (WIDOWED) DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Oct 13 1868
9. AGE (In years last birthday): 84 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and State or Foreign Country): Penn. 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jess Luther
13b. MOTHER'S MAIDEN NAME: Mary Igo
14. NAME OF HUSBAND OR WIFE: H F Fincher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Violet Peck — ADDRESS: Memphis 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — years
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:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1951, 1953, *to* Aug 22, 1953 *that I last saw the deceased alive on* July 25, 1953, *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. E. Lowe 2 (Degree or title): Do
23b. ADDRESS: Memphis Mo
23c. DATE SIGNED: 9/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Bur
24b. DATE: Aug 25-53
24c. NAME OF CEMETERY OR CREMATORY: Barker Cemetery
24d. LOCATION (City, town, or county): Scotland Co (State): MO

DATE REC'D BY LOCAL REG.: 9/4/53
REGISTRAR'S SIGNATURE: Vera G. Turner 476-0
25. FUNERAL DIRECTOR'S SIGNATURE: Geth O Bashett — ADDRESS: Memphis Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Leitz Jr

Licensed Embalmer No. 4258

P. O. Address Memphis Tenn

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.