

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30886

State File No.

FILED AUG 17 1953

BIRTH NO.		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>			
b. CITY OR TOWN <u>Mill Grove, Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Mill Grove, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Connor Mem. Hosp.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>J.</u> b. (Middle) <u>S.</u> c. (Last) <u>Finate</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 23, 1953</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 6, 1878</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Unionville, Iowa U.S.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>John A. Finate</u>			13b. MOTHER'S MAIDEN NAME <u>Stephens</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Finate</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Stanley Finate</u> ADDRESS <u>Norwood</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Myocarditis Chronic</u> INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u>							
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</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) (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 <u>7-4-</u> , 19 <u>53</u> , to <u>7-23-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-14-</u> , 19 <u>53</u> , and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Connor M.D.</u> (Degree or title)				23b. ADDRESS <u>Mountain Grove Mo.</u>		23c. DATE SIGNED <u>7-29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Forest</u>		24d. LOCATION (City, town, or county) (State) <u>Norwood, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-3-53</u>		REGISTRAR'S SIGNATURE <u>A.B. Owen</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Isabel Wendy</u> ADDRESS <u>Mill Grove Mo.</u>			

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

RECEIVED AUG 11 1953
WRIGHT CO. HEALTH DEPT.
County File Number 853-111
Date Filed 8-15-53

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.

Signed Frank Gable

Student
Student Embalmer

Licensed Embalmer No. 4140

P. O. Address Wm. G. Gable, 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.