

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

36377

State File No.

FILED OCT 21 1953

BIRTH NO. 71499 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3630 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebr.</u> b. COUNTY <u>Adams</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lebanon T. S.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Kenesaw T. S.</u>		8
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>High Way 66 West</u>			d. STREET ADDRESS (If rural, give location) <u>Kenesaw</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Tom</u> b. (Middle) <u>Dale</u> c. (Last) <u>Finnigsmier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Oct. 14 1953</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>0</u> Days <u>2</u> IF UNDER 24 HRS. Hours <u>15</u> Min. <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Lebanon Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>D. M. Finnigsmier</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Ernst</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>D. M. Finnigsmier Ft. Leonard Wood</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis Bilateral</u> Mo. <u>2/1/2</u>			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature 6 mo Gestation</u>			
	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>7625</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)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul A. Jenkins, M.D.</u> (Degree or Title)		23b. ADDRESS <u>Lebanon Mo.</u>		23c. DATE SIGNED <u>10-14-53</u>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10/14/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kenesaw</u>	24d. LOCATION (City, town, or county) (State) <u>Kenesaw Nebraska</u>		
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DATE REC'D BY LOCAL REG. <u>10-14-1953</u>	REGISTRAR'S SIGNATURE <u>Hella L. Hays</u>	424	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Palmer's Lebanon Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACKINK—MAKE A PERMANENT RECORD

300
48
30

OCT 17 1953

Received

Laclede County Health Unit

File No. 10-53-148

Date Filed OCT 20 1953

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 *S. P. Palmer*

Licensed Embalmer No. 2209

P. O. Address *Shannon 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.