

FILED SEP 20 1954

STANDARD CERTIFICATE OF DEATH

State File No. 31391

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5932 Registrar's No. 337

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

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>La Monte Rural</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>La Monte Rural</i>	
c. LENGTH OF STAY (In this place) <i>7 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>La Monte Twp. 0800</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>La Monte Twp. Hosp.</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) <i>Louis</i> c. (Last) <i>Finch</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 11 54</i>
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5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>May 16 1879</i>	9. AGE (In years last birthday) <i>75</i>	10. UNDER 1 YEAR Months <i>7</i> Days <i>5</i>	11. UNDER 1 HR. Hours <i>1</i> Min. <i>5</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Agriculture</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Louder Co. Ky.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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13a. FATHER'S NAME <i>Samuel H. Finch</i>	13b. MOTHER'S MAIDEN NAME <i>Albertia Triplett</i>	14. NAME OF HUSBAND OR WIFE <i>Allie Hayworth La Monte</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>none</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Nathan Finch</i>	ADDRESS <i>La Monte</i>
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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, ashenia, 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) <i>Chronic Myocarditis</i>		
	ANTECEDENT CAUSES 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: <i>Hypertension, Chronic Arthritis</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>443x</i>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Jan 5 1954* to *Jan 11, 1954*, that I last saw the deceased alive on *Sept 11, 1954*, and that death occurred at *10:20 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>H. A. Hite</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Green Ridge, MO</i>	23c. DATE SIGNED <i>9-13-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>9/14/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>La Monte</i>	24d. LOCATION (City, town, or county) (State) <i>La Monte MO</i>
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DATE REC'D BY LOCAL REG. <i>9-15, 54</i>	REGISTRAR'S SIGNATURE <i>Lorna Coontz Deputy</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wheatbrook</i>	ADDRESS <i>Houstonia</i>
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(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.....

Licensed Embalmer No. *3987*

P. O. Address *Houston*

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.