

## STANDARD CERTIFICATE OF DEATH

State File No. 33374

FILED NOV 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 307

1. PLACE OF DEATH a. COUNTY <i>Cole</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Cole</i>					
b. CITY OR TOWN <i>Jefferson City, Mo.</i>		c. LENGTH OF STAY (In this place) <i>10 days</i>		c. CITY OR TOWN <i>Jefferson City</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Mary's Hospital</i>				e. STREET ADDRESS (If rural, give location) <i>1607 Hough 0264</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>ANNA</i> b. (Middle) <i>F</i> c. (Last) <i>FINKE</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 12, 1954</i>						
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Dec 8, 1869</i>			
9. AGE (In years last birthday) <i>84</i>		10. UNDER 1 YEAR <i>11</i>		11. UNDER 24 HOURS <i>4</i>		12. UNDER 1 MIN. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <i>Wardsville, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Bernard Schulte</i>			13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Joseph Finke</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. R. B. Lubbert</i>				ADDRESS <i>J.C. Mo</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Gas Bladder</i>						INTERVAL BETWEEN ONSET AND DEATH <i>6 hours</i>	
ANTECEDENT CAUSES <i>no</i>		DUE TO (b) _____							
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <i>Mitralis to Lungs</i>						<i>9/24/54</i>	
19a. DATE OF OPERATION <i>No</i>		19b. MAJOR FINDINGS OF OPERATION _____						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) <i>181 X</i>		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <i>9/24</i> , 19 <i>54</i> , to <i>11/12</i> , 19 <i>54</i> , that I last saw the deceased alive on <i>11/11</i> , 19 <i>54</i> , and that death occurred at <i>8:09</i> a.m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Marshall W. Kelly</i>				(Degree or title) <i>M.D.</i>		23b. ADDRESS <i>Jefferson City</i>		23c. DATE SIGNED <i>11/12/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>11/15/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Cecilia</i>		24d. LOCATION (City, town, or county) <i>Missouri</i>		(State) _____	
DATE REC'D BY LOCAL REG. <i>Nov. 12 - 1954</i>		REGISTRAR'S SIGNATURE <i>R. P. Dorrie M.D.-M.R.</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Sylvester Dulle</i>			ADDRESS <i>J.C. Mo.</i>	

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.....  
Signature of Student Embalmer

Signed..... *Sylvester Gulle*

Licensed Embalmer No. 430

P. O. Address *Jefferson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.