

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

26812

State File No.

FILED SEP 12 1955

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 79

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Lafayette</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>Lafayette</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>	c. LENGTH OF STAY (In this place) <u>2 Weeks</u>	c. CITY OR TOWN <u>Wellington</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial</u>		e. STREET ADDRESS (If rural, give location) <u>Rural South 3 miles. 0540</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>(N)</u>	c. (Last) <u>FINKEMEIER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 19, 1955</u>
--	---------------------------	------------------------	-----------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 1, 1890</u>	9. AGE (In years last birthday) <u>65</u>	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) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hanover Prov. Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	---

13a. FATHER'S NAME <u>Henry Finkemeier</u>	13b. MOTHER'S MAIDEN NAME <u>Florentine (No Record)</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Abendscheir Finkemeier</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. William Finkemeier, Wellington, Mo.</u>	ADDRESS
---	--	--	----------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of bladder</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>Metastases of prostate</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Disability</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>March 1955 - Ca. of bladder 181x</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) m.	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 Nov 29, 1954, to 8/19, 1955, that I last saw the deceased alive on 8/19, 1955, and that death occurred at 8:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>8/21/55</u>
--	--------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/22/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Lukes Evangelical</u>	24d. LOCATION (City, town, or county) (State) <u>Wellington, Mo.</u>
--	---------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>8-30-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Sheppard</u>	ADDRESS <u>Wellington, Mo.</u>
--	---	---	---------------------------------------

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

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.....

Licensed Embalmer No. 41

P. O. Address Wellington

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.