

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14021

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 139

1. PLACE OF DEATH  
a. COUNTY Marion

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Marion

b. CITY (If outside corporate limits, write RURAL and give township) Hannibal c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY OR TOWN Hannibal d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital  
e. STREET ADDRESS (If rural, give location) 1331 Pearl Street 06410

3. NAME OF DECEASED (Type or Print)  
a. (First) ALBERT b. (Middle) LEWIS c. (Last) FINCKE  
4. DATE OF DEATH (Month) (Day) (Year) 4-14-56

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH 8-30-1895 9. AGE (In years) (Months) (Days) (Hours) (Min.) 60

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night watchman 10b. KIND OF BUSINESS OR INDUSTRY International Shoe Pike Co., Illinois 11. BIRTHPLACE (City and State or Foreign Country) \_\_\_\_\_ 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John William Fincke 13b. MOTHER'S MAIDEN NAME Anna J. Lucken 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Fincke, Hannibal, Mo. ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary occlusion acute (D.O.A.) MEDICAL CERTIFICATION  
INTERVAL BETWEEN ONSET AND DEATH Spontaneous  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
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. \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) Hannibal (Missouri)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

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 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert Lanning M.D. 23b. ADDRESS Hannibal Mo. 23c. DATE SIGNED 4-20-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4-17-56 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 24d. LOCATION (City, town, or county) (State) Hannibal, Missouri

DATE REC'D BY LOCAL REG. 4-20-56 REGISTRAR'S SIGNATURE Dr. E.M. Lucken 25. FUNERAL DIRECTOR'S SIGNATURE Jack Schwanz ADDRESS Hannibal, Mo.  
(Licensed Embalmer's Statement on Reverse Side)

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

APR 26 1956

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED APR 26 1956

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 *Jack Schwab*

Licensed Embalmer No. 490

P. O. Address Hannibal

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.