

FILED SEP 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31443

STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 5789 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>MISSISSIPPI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MISSISSIPPI</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>ST. JAMES</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>DOGWOOD COM.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR EAST PRAIRIE</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>about 5 mi. N.W. of E. Prairie</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>BRENDA LEE FINCHER</u>			4. DATE OF DEATH Month Day Year <u>JULY 30, 1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 19, 1947</u>		9. AGE (In years last birthday) <u>9</u> IF UNDER 1 YEAR: Months Days Hours Min.
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 country) <u>NEW MADRID CO. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>LEE DANIEL FINCHER</u>			14. MOTHER'S MAIDEN NAME <u>KELMA MAY CARLYLE</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>KELMA MAY FINCHER E. PRAIRIE MO.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Accidental drowning</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>fell off raft while fishing</u>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>42</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>old Miss. Mo.</u> COUNTY STATE
21. I attended the deceased from <u>attended as coroner only</u> and last saw her <u>July 30, 1956</u> alive or <u>him</u> to <u>3:30 P.M.</u> on the date stated above; and to the best of my knowledge from the causes stated.		

22. SIGNATURE (Degree or title) <u>Wavis Shelby - Coroner</u>		22a. ADDRESS <u>East Prairie, Mo</u>		22c. DATE SIGNED <u>8-1-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>AUGUST 1, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>DOGWOOD Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Mississippi Co., Mo</u>	
24. FUNERAL DIRECTOR <u>Wavis Shelby</u>	25. DATE RECD. BY LOCAL REG. <u>8-7-56</u>	26. REGISTRAR'S SIGNATURE <u>Gertrude L. Harper</u>		

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Travis Shelby Jr.*.....

Licensed Embalmer No. *29*.....

P. O. Address *East Ala.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.