

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

832

STATE FILE NUMBER

FILED JAN 17 1957

Registration District No. 109 Primary Registration District No. 5424 Registrar's No. 128

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Union twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY - OR TOWN <u>Rural-Union Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
e. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home, Rte 3</u>		Length of stay in lb <u>22 yrs.</u>	d. STREET (If outside, give location) ADDRESS <u>Campbell, Rte. 3</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>GEORGIANNA</u>			4. DATE OF DEATH <u>Jan. 7, 1957</u>		
5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <u>Dec. 27, 1872</u>		
9. AGE (In years last birthday) <u>84</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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Russellville, Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Geo. Martin Finch</u>		
14. MOTHER'S MAIDEN NAME <u>Margaret Ann Blackard</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 Address <u>Mrs. Ora Courter, Campbell, 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>Acute Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH <u>54 hrs -</u> <u>7</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>3</u>
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 a. m. p. m. Month Day, Year			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>1/5/57</u> to <u>1/6/57</u> and last saw her/him alive on <u>1/6/57</u> Death occurred at <u>2:30</u> a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Wallace Belsey M.D.</u>			22b. ADDRESS <u>Campbell Mo.</u>		22c. DATE SIGNED <u>1/8/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 8, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Four Mile Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Campbell, Missouri R. R.</u>
24. FUNERAL DIRECTOR <u>James F. Home</u>		ADDRESS <u>Campbell, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-9-1957</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Beulah Campbell</u>

RECEIVED DUNKLIN COUNTY HEA

DEPARTMENT 1-157

COUNTY FILE NUMBER 157-1

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 Christina M. Lande

Licensed Embalmer No. 42

P. O. Address Campbe

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