

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035518

STATE FILE NUMBER

FILED NOV 10 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1187

5. 300  
1-57

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. William H. Ames

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Faucett		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Parkview-Sunnyslope			Length of stay in lb 2 mo. 10 days		d. STREET ADDRESS (If outside, give location) R. R. #1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) MARY M. FINNEY				4. DATE OF DEATH Month Day Year Oct. 30, 1958					
5. SEX female / white		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 2, 1902		9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Unknown 9		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME T. G. Burchett			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Homer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT Homer Finney, R. R. #1, Faucett, Mo. Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerosis; hypertensive heart disease</i>							INTERVAL BETWEEN ONSET AND DEATH 7 2 yrs		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Dist. arteriosclerosis; nephrosclerosis</i>		DUE TO (c) <i>Prostate mellitus</i>		260X		17 yrs	
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"/> 2		
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>7-18-58</u> to <u>10-30-58</u> and last saw her alive on <u>10-1-58</u> (approx) Death occurred at <u>6:15p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>William H. Ames, M.D.</i>				22b. ADDRESS 902 Edmund St				22c. DATE SIGNED 11-1-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11/2/1958		23c. NAME OF CEMETERY OR CREMATORY Halleck Cemetery		23d. LOCATION (City, town, or county) Buchanan County		(State) Mo.	
24. FUNERAL DIRECTOR <i>Heston Bowman</i>				ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 5, 1958		26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>	

maplecrest

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. 3927 working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *David H. Smith* .....

Licensed Embalmer No. 3927 .....

P. O. Address... St. Joseph, Mo. ....

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.