RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-029738

STATE FILE NUMBER

FILED 18 SEP 9 1959

Registration District No. 7/8 Primary Registration District No. Registrar's No. 69-59

DED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: McDonald
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Neel Rt.
Length of stay in 1b: 33 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: at home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: McDonald
c. CITY OR TOWN: Neel
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. 1
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Una Middle: F. Last: Fink

4. DATE OF DEATH: Month: 7 Day: 25 Year: 1959

5. SEX: female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 1-17-1882

9. AGE (last birthday): 77

IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: 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: None

11. BIRTHPLACE (City and state or country): Detroit, Mich.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Sam B. Hill

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: John Fink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Ivan Fink Address: Neel, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Sept 1958, to July 1959 and last saw her alive on 7/25/59
Death occurred at 8:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. L. Pogue (Degree or title): M.D.

22b. ADDRESS: Neel, Mo

22c. DATE SIGNED: 8/3/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7-27-1959

23c. NAME OF CEMETERY OR CREMATORY: Lanagan Cemetery

23d. LOCATION (City, town, or county) (State): Lanagan, Mo.

24. FUNERAL DIRECTOR ADDRESS: Humphrey & Son Neel, Mo.

25. DATE REC'D. BY LOCAL REG.: Sept. 1, 1959

26. REGISTRAR'S SIGNATURE: Thomas C Durdon

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed K M Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, Mo

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