

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007246

STATE FILE NUMBER

FILED VS MAR 1 1960

Registration District No. 207 Primary Registration District No. \_\_\_\_\_ Registrar's No. 10

ENDED

1. PLACE OF DEATH a. COUNTY <b>Maries</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Vienna, Mo.</b>		c. CITY OR TOWN <b>Vienna, Mo.</b>	
Length of stay in 1b <b>Life</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION <b>Maries Co. Courthouse</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Noah</b> Middle <b>Charles</b> Last <b>Finn</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>20,</b> Year <b>1960.</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/7/1968</b>	9. AGE (last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>13</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Vienna, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Charles Finn</b>	13b. MOTHER'S MAIDEN NAME <b>Eva Copeland</b>	14. NAME OF HUSBAND OR WIFE <b>Ruby Finn</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs Ruby Finn, Vienna, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Stangulation</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Hanging Self.</b>	
	DUE TO (c)	

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <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 _____
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21. I attended the deceased from ~~XXXXXX~~ to her and last saw him alive on \_\_\_\_\_  
Death occurred at 2:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. O. Cunningham</i> (Degree or title) <b>Coroner</b>	22b. ADDRESS <b>Vienna, Mo.</b>	22c. DATE SIGNED <b>2/23/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/23/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Vienna Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Vienna, Mo.</b>
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24. FUNERAL DIRECTOR <i>W. O. Cunningham</i> ADDRESS <b>Vienna, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>2-24-60</b>	26. REGISTRAR'S SIGNATURE <i>Mozelle Hutchison</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 W. B. Birmingham

Licensed Embalmer No. 366

P. O. Address Genoa

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.