

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019281

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 267

FILED MAY 21 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

0499

0499

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
 a. COUNTY Jasper  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in lb 60 years  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Home - 1502 Pennsylvania Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Jasper  
 c. CITY OR TOWN Joplin Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 1501 Pennsylvania Ave. Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last (Type or print) WILLIAM MCKINLEY (Mack) FINN  
 4. DATE OF DEATH Month Day Year May 13, 1962  
 5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 11-7-97 9. AGE (last birthday) 64 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) Owned & operated -  
 10b. KIND OF BUSINESS OR INDUSTRY Plumbing Business  
 11. BIRTHPLACE (City and state or country) Centralia, Illinois  
 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Joseph Finn 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Mildred (Sapp) Finn

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. Unk 17. INFORMANT Address Mrs. Mildred Finn, 1501 Pennsylvania Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 15 minutes  
 DUE TO (b) Coronary Thrombosis 15 minutes  
 DUE TO (c) Coronary Artery 1 year  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension  
 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 Jan 19 61 to May 14 and last saw her/him alive on May 13  
 Death occurred at 7:45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Neil Roy Dawson DD. 22b. ADDRESS Joplin Mo. 22c. DATE SIGNED 5/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-16-62 23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery, 23d. LOCATION (City, town, or county) (State) Webb City, Missouri

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI 25. DATE RECD. BY LOCAL REG. 5-17-1962 26. REGISTRAR'S SIGNATURE Norme Merriam

USE BLACK INK OR TYPEWRITER RIBBON

MAY 29 1962

JUN 26 1962

**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. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Harvey E. Stone*

Licensed Embalmer No. 4463

P. O. Address *Joplin 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.