

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5708-62-020384  
STATE FILE NUMBER

318 / Primary Registration District No. 1003  
Registrator's No. 5708

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** / Primary Registration District No. **1003** Registrar's No. **5708** STATE FILE NUMBER **5708-62-020384**

**FILED JUN 15 1962**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Sedalia,</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis Little Rock Hospitals, Inc.</b>		d. STREET ADDRESS (If outside, give location) <b>204 East Cooper</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Charles James Finis</b>			4. DATE OF DEATH Month Day Year <b>June 6, 1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-15-1894</b>
9. AGE (last birthday) <b>67</b>		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) <b>Penstr. Blacksmith</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and state or country) <b>Sedalia, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		13a. FATHER'S NAME <b>John Finis</b>	
13b. MOTHER'S MAIDEN NAME <b>Mildred Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>Nina Finis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>181.0</b>	
17. INFORMANT <b>Katie Sims Pilot Grove, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> DUE TO (b) <b>Chronic Pyelonephritis</b> DUE TO (c) <b>Transitional Cell Ca of Bladder</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>30 days</b> <b>1 yr.</b> <b>2 yr.?</b>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. 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 <b>Sedalia</b>		COUNTY <b>Pettis</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>5-24-62</b> to <b>6-6-62</b> and last saw him alive on <b>6-5-62</b> Death occurred at <b>12.33 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Masas Okamoto M.D.</b>		22b. ADDRESS <b>1755 So Grand Blvd</b>	
22c. DATE SIGNED <b>6-6-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>6/10/62</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Brownhill Annex Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Alexander Funeral Home Sedalia, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 7 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>			

VS 300 Rev. 4/59

1

3

4 2

5 2

6

7 0

8 1

9

10

11

12 69-0

13

69

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR OR TYPEWRITER RIBBON

AUG 8 1962

JUN 18 1962

AUG 17 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

*J. P. Raymond*

Licensed Embalmer No.

4246

P. O. Address

*Seaside, Ind*

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.