

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035164  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 757 Primary Registration District No. 4248 Registrar's No. 161

**FILED OCT 8 1962**

VS 300	DATE AMENDED	
Rev. 4/59		
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9 <u>7954</u>	INSTEAD OF	
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<u>1970-8</u>		
<u>133-0</u>		
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		
SHOULD READ		
BY AFFIDAVIT OF		
ITEM NO.		
DOCUMENT		

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sarcoxie</b>		c. CITY OR TOWN <b>Sarcoxie</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>101 N. 14th. St.</b>		d. STREET ADDRESS (If outside, give location) <b>101 N. 14th. St.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Nancy Henrietta Finn</b>		4. DATE OF DEATH Month Day Year <b>SEPTEMBER 19, 1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</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>2-14-1880</b>
9. AGE (last birthday) <b>82</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and state or country) <b>Ava, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry Klineline</b>	
13b. MOTHER'S MAIDEN NAME <b>Nancy Jane Anderson</b>		14. NAME OF HUSBAND OR WIFE <b>Bernard Finn</b>	
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 <b>Mrs. Margaret Moyer, Forsythe, Mo.</b>		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) <b>Presumed natural causes</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause - (a), stating the underlying cause last. DUE TO (b) <b>(Believe death occurred 19th - body found Sept. 22 when city marshall broke into locked house and found body. Papers from 19th</b> DUE TO (c) <b>house and found body. Papers from 19th</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>found on porch)</b>			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
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	COUNTY STATE
<b>did not attend</b>			
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. Clinton, Local Registrar</i>		22b. ADDRESS <b>1238 Grand, Carthage, Mo.</b>	22c. DATE SIGNED <b>9-24-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-26-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sarcoxie Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Sarcoxie, Mo.</b>
24. FUNERAL DIRECTOR <b>Ulmer-Moss Funeral Home, Sarcoxie, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-24-62</b>	26. REGISTRAR'S SIGNATURE <i>W. Clinton</i>

2961 6 100

BODY WAS NOT EMBALMED DUE TO DECAY AND PUTREFACTION, WAS HYPO-ED .  
WITH 30 INDEX FORMALDEHYDE AND PACKED WITH STRONG DISINFECTANT.  
THE BODY WAS PLACED IN SEALER CASKET.

**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 *Richard E. Bruce*

Licensed Embalmer No. 41955

P. O. Address *Portsmouth, Md.*

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.