MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041008
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3056

FILED NOV 5 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4000
2 1090
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MISSOURI — Length of stay in 1b: 72 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY WARREN
c. CITY OR TOWN WRIGHT CITY — Inside Limits: Yes ☐ No ☒
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First JAMES Middle O. Last FINES
4. DATE OF DEATH: Month OCTOBER Day 20 Year 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-28-91
9. AGE (last birthday): 71 — 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): HAWK POINT, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JAMES FINES
13b. MOTHER'S MAIDEN NAME: SARAH WOMBLES
14. NAME OF HUSBAND OR WIFE: WIDOWED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO.
17. INFORMANT: ROY A. FINES (SON) Address: 118 4th AVENUE LEAVENWORTH, KANS.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line.) PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	MULTIPLE PULMONARY INFARCTION	7 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	PULMONARY EMBOLIA	7 DAYS
DUE TO (c)	CARDIAC MURAL THOMBIN RIGHT & LEFT CHAMBERS	7 DAYS

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 V.A. attended the deceased from 8-9-62 to 10-20-62 and last saw the deceased on
Death occurred at 6:40 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John J. Mueller (Degree or title) M.D.
22b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.
22c. DATE SIGNED 10-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10-23-62
23c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery
23d. LOCATION (City, town, or county) (State) Wright City, Mo.

24. FUNERAL DIRECTOR Nieburg Funeral Home, Wright City, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 10-22-62
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Stanley H. Tikon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.