

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041674

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1372

FILED DEC 12 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF G.B. Kelley, M.D. MEDICAL CERTIFICATION

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Buchanan</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>RFD # 1, Rea</b>	
Length of stay in 1b <b>1 day</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri Methodist</b>		d. STREET ADDRESS (If outside, give location) <b>Rea</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First <b>Clifford</b> Middle <b>Eugene</b> Last <b>Finchum</b>			Month <b>December</b> Day <b>4</b> Year <b>1962</b>
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>11-24-01</b>
9. AGE (last birthday) <b>61</b>		IF UNDER 1 YEAR Months <b>61</b> Days	IF UNDER 24 HR Hours <b>61</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>	11. BIRTHPLACE (City and state or country) <b>Rosendale, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U S A</b>		13a. FATHER'S NAME <b>Charley Finchum</b>	
13b. MOTHER'S MAIDEN NAME <b>Ida Bell McElroy</b>		14. NAME OF HUSBAND OR WIFE <b>Lizzie Finchum</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. <b>[REDACTED]</b>	
17. INFORMANT <b>Mrs. Lizzie Finchum, Rea, Mo.</b>		Address <b>RFD # 1</b>	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Acute Pulmonary Edema</b>			<b>12 hours</b>
DUE TO (b) <b>Cardiac Decompensation</b>			
DUE TO (c) <b>Pneumonia</b>			<b>3 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Marked pulmonary emphysema and bronchial asthma</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 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.)	
20c. TIME OF INJURY Hour <b>2:20 PM</b> Month, Day, Year <b>1-16-61</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Savannah</b>	20f. CITY, TOWN, OR LOCATION <b>Savannah</b> COUNTY <b>Missouri</b> STATE <b>Missouri</b>
21. I attended the deceased from <b>1-16-61</b> to <b>12-4-62</b> and last saw him alive on <b>12-4-62</b>			
Death occurred at <b>2:20 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>G.B. Kelley, M.D.</b> (Degree or title)		22b. ADDRESS <b>Savannah, Missouri</b>	22c. DATE SIGNED <b>12-7-62</b>
22d. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>12-4-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Savannah Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Savannah, Missouri</b>
24. FUNERAL DIRECTOR <b>BREIT &amp; HAWKINS</b> ADDRESS <b>SAVANNAH</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 10, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>

Permit issued 10/14/62

X

**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 James P. Hawkins

Licensed Embalmer No. 4531

P. O. Address Savannah

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.