

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-032672**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. SS920 Registrar's No. 120

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED SEP 4 1963</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Jefferson</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Festus</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Ste. Genevieve</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jefferson Co. Memo.</b>		Length of stay in 1b Inside Limits: Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Festus, Mo. Rural Rt. # 1</b> Inside Limits: Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS		Reside on Farm: Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm: Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
<b>FRANK FRANCIS FINGERS</b>			<b>August 24, 1963</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>5/5/1895</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Machine Oper.</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Franklin Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	Months <b>3</b> Days <b>19</b> Hours <b></b> Min. <b></b>
13a. FATHER'S NAME <b>Jim Fingers</b>		13b. MOTHER'S MAIDEN NAME <b>Katheran Pitts</b>		14. NAME OF HUSBAND OR WIFE <b>Ruth (Allen) Fingers</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <b>no</b> )		16. SOCIAL SECURITY NO. <b>45</b>	17. INFORMANT <b>Mrs. Ruth Fingers Festus, Mo Rt. 1</b> Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>				<b>7 hours</b>	
DUE TO (b) <b>Hypertension</b>				<b>?</b>	
DUE TO (c)					
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. <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
21. I attended the deceased from <b>aug 24</b> to <b>aug 24</b> and last saw him alive on <b>aug 24, 1963</b> Death occurred at <b>10:15</b> P. m. on the date stated above, and to the best of my knowledge from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Harold E. Donnell MD</b>			22b. ADDRESS <b>DeSoto, Missouri</b>		22c. DATE SIGNED <b>8/25/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/27/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Parkview Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Farmington, Mo.</b>	
24. FUNERAL DIRECTOR <b>Murphy L. Sparks Flat River, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-27-63</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

SEP 10 1963

**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 Murphy L. Sparks  
Licensed Embalmer No. 4236

P. O. Address Alto River, 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.