

FILED OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31415

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4216 Registrar's No. 4

420

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Henry</b> <del>XXXXXXXXXXXX</del>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Calhoun Missouri</b>		c. LENGTH OF STAY (In this place) <b>life</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Calhoun Missouri</b>		0420	
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓			d. STREET ADDRESS <b>South East Part of Town</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Richard</b>		b. (Middle) <b>Edward</b>	c. (Last) <b>Finks</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9 29 52</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>10 17 1869</b>		9. AGE (In years last birthday) <b>82</b>	
				If UNDER 1 YEAR Month Day	If UNDER 24 HRS. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Elevator Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grain Farms</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Calhoun Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>William C. Finks</b>		13b. MOTHER'S MAIDEN NAME <b>Sallie George</b>		14. NAME OF HUSBAND OR WIFE <b>Rose E. Finks</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>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Florence Finks</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>enlarged prostate, Benign Hypertension, &amp; uric acid condition</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			ADDRESS <b>Calhoun</b>	INTERVAL BETWEEN ONSET AND DEATH <b>10 da</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>610x</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>July 1, 1951</b> , to <b>9-29, 1952</b> , that I last saw the deceased alive on <b>9-25, 1952</b> , and that death occurred at <b>8:40 P.M.</b> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <b>H. Walker</b>			23b. ADDRESS <b>M. D. O. Clinton Mo</b>		23c. DATE SIGNED <b>9-30-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10 1 52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calhoun Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Calhoun Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Oct. 1-52</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>	422	25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred Walker</b>		
				ADDRESS <b>Clinton</b>		

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 .....  
Student Embalmer

Signed

*Fred Wilkinson*

Licensed Embalmer No. 2478

P. O. Address Clinton, N.Y.

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 this body is not embalmed, fact should be so stated above.