

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-66-0015438

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 125

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0425
2 0420
3
4 1
5 0
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7 0
8 2
9 491X
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11
12 1-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 9 1966		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Henry		a. STATE Mo		b. COUNTY Henry	
b. CITY (if outside corporate limits, give TOWNSHIP only) Clinton		Length of stay in 1b 8 Yr,s		c. CITY OR TOWN Calhoun	
c. FULL NAME OF (IF NOT in hospital, give location) Clinton General Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Calhoun	
3. NAME OF DECEASED (Type or print)		First Rhoda		Middle Finks	
		Last Finks		4. DATE OF DEATH April 30 1966	
5. SEX Female		6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 6-28-74		9. AGE (last birthday) 92		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tax Collector		10b. KIND OF BUSINESS OR INDUSTRY County		11. BIRTHPLACE (City and state or country) Calhoun Mo	
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME William C Finks		13b. MOTHER'S MAIDEN NAME Sarah George	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Glenn Finks Clinton mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia 2 wks Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
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 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 s.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 Calhoun		COUNTY Missouri		STATE	
21. I attended the deceased from 1950 to 4-30-66 and last saw her alive on 4-30-66 Death occurred at 6:30 p on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Hugh B. Walker, mo		22b. ADDRESS Clinton, Mo	
22c. DATE SIGNED 5-1-66		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-2-66	
23c. NAME OF CEMETERY OR CREMATORY Calhoun Cem		23d. LOCATION (City, town, or county) Calhoun		(State) Missouri	
24. FUNERAL DIRECTOR Sickman & Dunning Clinton Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. May 2, 1966	
26. REGISTRAR'S SIGNATURE Mildred Bigum					

(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 R. L. Dunning

Licensed Embalmer No. 4910

P. O. Address Clinton 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.