

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36343

State File No. \_\_\_\_\_

FILED DEC 6 1951

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>40420</u> Registrar's No. <u>84</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>IAWA</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville Lorraine</u>		c. LENGTH OF STAY (in this place) <u>4 Mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STANTON + ARCADIA</u>		d. STREET ADDRESS (If rural, give location) <u>0470</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bond Nursing Home</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>ELV</u> c. (Last) <u>FINN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 30 1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-7-1972</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>VIENNA-MISSOURI-MARIESKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Doris Finn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Woro Madge Parker, Pilot Knob Mo</u>			
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) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <u>11/25</u> , 19 <u>51</u> , to <u>11/30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11/30</u> , 19 <u>51</u> , and that death occurred at <u>1:25</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Julius J. Myers</u> (Degree or title) _____		23b. ADDRESS <u>Sutcliffe Mo</u>		23c. DATE SIGNED <u>11/30/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-3-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Red School Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Arcadia Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 3, 1951</u>	REGISTRAR'S SIGNATURE <u>Willie Van Amburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Dantzler Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

090  
4

RECEIVED

DEC 5 - 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

**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.

Signed Amel White .....

Signed .....  
Student Embalmer

Licensed Embalmer No. 3012 .....

P. O. Address San Antonio, Tex. .....

**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.