

19400

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

FILED JUN 19 1950

| | | | | | | | | | |
|---|----------------------------------|---|--|--|---|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>685</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> | | | | b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | | | c. LENGTH OF STAY (in this place) <u>5 yrs.</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | | | <u>0117</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>624 Prospect Ave. Leons Nursing Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>624 Prospect</u> | | | | <u>0</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> | | | b. (Middle) <u>H.</u> | | c. (Last) <u>Finder</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 9, 1950</u> | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>Feb. 6, 1867</u> | | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months <u>4</u> Days <u>3</u> | IF UNDER 24 HRS. Hours <u>3</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Waterloo, Wisconsin</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Henry Garner</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Johanna unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rudolph Finder</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Clara L. Eckhardt</u> | | | | ADDRESS <u>Ottumwa, Iowa</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 years +</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis generalized</u> | | | | | | | |
| | | DUE TO (c) _____ | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> | | | | | | <u>4200</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | | 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 <u>5-1, 1950</u> , to <u>6-9, 1950</u> , that I last saw the deceased alive on <u>6-8, 1950</u> , and that death occurred at <u>1:15 A. M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Iris H. Rosenthal M.D.</u> | | | | 23b. ADDRESS <u>St Joseph Mo.</u> | | | 23c. DATE SIGNED <u>6-9-50</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>6/9/1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) <u>Ravenna, Nebraska</u> | | | |
| DATE REC'D BY LOCAL REG. <u>June 12, 1950</u> | | REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u> | | 382 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Beaman</u> | | | |
| | | | | | | ADDRESS <u>St. Joseph, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

H. H. H. H.

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 *James P. Hawkins*

Licensed Embalmer No. *4536*

P. O. Address *319 S. 10th St. Omaha, Neb.*

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.