

FILED NOV 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33359**

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Fayette</u>	
c. LENGTH OF STAY (In this place) <u>50 years</u>		<u>0451</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>107 South Williams</u>		d. STREET ADDRESS (If rural, give location) <u>107 South Williams</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Finks</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30, 1950</u>
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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>Sept. 23, 1853</u>	9. AGE (In years) (last birthday) (Months) (Days) (Years) (Min.) <u>97</u> <u>1</u> <u>7</u>
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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>Chariton Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William J. Harvey</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Ryan</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph H. Finks</u>
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15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Thomas Alsop Sr.</u>	ADDRESS <u>Fayette, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>10 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Menia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Age</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Age</u>	
19c. DATE 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)
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 June, 1946, to Oct 30, 1950, that I last saw the deceased alive on Oct 30, 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mr J. Shaw, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Fayette, Mo.</u>	23c. DATE SIGNED <u>2 Nov. 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/1/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roanoke Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Roanoke, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 2, 1950</u>	REGISTRAR'S SIGNATURE <u>Mary S. Shell</u>	436	25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph A. Carr</u>	ADDRESS <u>Fayette, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

451

RECEIVED

11/8/50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

11/8/50
6 ABN

1950 - 11077

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, ~~and~~

working under my personal supervision.

Student Embalmer No.

Signed

Ralph A. Carr

Signed.....

Student Embalmer

Licensed Embalmer No. 3340

P. O. Address *Fayette 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 this body is not embalmed, fact should be so stated above.