

FILED NOV 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36374**

BIRTH NO.		REG. DIST. NO. <b>53</b>		PRIMARY REG. DIST. NO. <b>3010</b>		Registrar's No. <b>363</b>	
1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Scott</b>			
b. CITY OR TOWN <b>Cape Girardeau</b>		c. LENGTH OF STAY (In this place) <b>24 hours</b>		c. CITY OR TOWN <b>Chaffee</b>		d. STREET ADDRESS (If rural, give location) <b>1035 Third St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cape Osteopathic Hosp.</b>				3. NAME OF DECEASED a. (First) <b>ARA</b> b. (Middle) <b>Finkey</b> c. (Last) <b>Thomson</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 18, 1950</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Nov. 18, 1892</b>		9. AGE (In years last birthday) <b>78</b>		10. KIND OF BUSINESS OR INDUSTRY <b>House wife</b>		11. BIRTHPLACE (State or foreign country) <b>Banton Mo</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Ben F. Finkey</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Mens</b>		14. NAME OF HUSBAND OR WIFE <b>Wm. B. Thomson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Helen Thomson</b> ADDRESS <b>Chaffee Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION: I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rheumatoid Arthritis</b> DUE TO (c) <b>Senile Changes</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>725X</b>	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>Nov. 17, 1950</b> , to <b>Nov. 18, 1950</b> , that I last saw the deceased alive on <b>Nov. 18, 1950</b> , and that death occurred at <b>11:15 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>N. J. Newell</b>		23b. ADDRESS <b>D.O. 2 105 S. Spanish Cape Girardeau, Mo</b>		23c. DATE SIGNED <b>Nov. 25, 1950</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 21, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Cape Mo</b>	
DATE REC'D BY LOCAL REG. <b>11-25-1950</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bisplinghoff Funeral Home</b>		ADDRESS <b>Chaffee, Mo</b>	

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

RECEIVED

NOV 27 1950

DISTRICT HEALTH OFFICE No. 0

..c No.....

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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.....

*Mamie Baplinghoff*

Licensed Embalmer No. *3242*

P. O. Address *Chaffee 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.