S. No. 300
v. 10.48

FILED JUL 6 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19332

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 41

1030
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfax
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fairfax Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lincoln Twn 0030
d. STREET ADDRESS (If rural, give location): 4 1/2 Miles S W Westboro

3. NAME OF DECEASED (Type or Print)
a. (First): Effie
b. (Middle): Jane
c. (Last): Finkle

4. DATE OF DEATH (Month) (Day) (Year): June- 23-1951

5. SEX: Female
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widiwed 2
8. DATE OF BIRTH: Jan-5th-1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME:
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Ellis Finkle

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'S SIGNATURE OR NAME ADDRESS: Mrs Wm Stevens Tarkio, Mo

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) Traumatic laceration - Brain — INTERVAL BETWEEN ONSET AND DEATH: 8 days 6-15-51

ANTECEDENT CAUSES — Fracture - left parietal cranial bone - — 8 days.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 21 214
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At home of relative
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Vellesca Iowa

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 15 51 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell down steps of home

22. *I hereby certify that I attended the deceased from* 6-19, 1951, *to* 6-23, 1951, *that I last saw the deceased alive on* 6-23, 1951, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G R Wempe M.D.
23b. ADDRESS: Tarkio, Mo
23c. DATE SIGNED: 6/26/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June-25-51
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Ridge
24d. LOCATION (City, town, or county) (State): Fairfax, Missouri

DATE REC'D BY LOCAL REG.: June 29, 1951
REGISTRAR'S SIGNATURE: Marvin H. Schaeler 443
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Westboro, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 2 1951
DISTRICT HEALTH OFFICE
CAMERON, MO.

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 Ashley R Tucker, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed A. R. Tucker

Licensed Embalmer No. 4757

P. O. Address Westboro, Missouri

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.