

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 25880

BIRTH NO. _____		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>4493</u>		Registrar's No. <u>130</u>	
1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Birch Tree</u>		c. LENGTH OF STAY (in this place) <u>43 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Birch Tree</u>		<u>1010</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>John</u>		a. (First)		b. (Middle) <u>Frank</u>		c. (Last) <u>Finch</u>	
4. DATE OF DEATH <u>July 16-51</u>		(Month)		(Day)		(Year)	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 8-1856</u>	
9. AGE (In years last birthday) <u>95</u>		IF UNDER 1 YEAR <u>2</u> Months		IF UNDER 1 YEAR <u>8</u> Days		IF UNDER 1 HRS. <u>0</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Canning</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Hickman Co. Kent.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Jannett Finch</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Robertson</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Belle Finch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>M. C. Finch, Donoplin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of femur</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fall</u> DUE TO (c) <u>age</u> 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 <u>101</u>				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) <u>6/23-1951</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>From fall</u>			
22. I hereby certify that I attended the deceased from <u>6/23</u> , 19 <u>51</u> , to <u>July 16, 1951</u> , that I last saw the deceased alive on <u>July 16, 1951</u> , and that death occurred at <u>10:30am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. S. Davis MD</u>				23b. ADDRESS <u>Birch Tree Mo</u>		23c. DATE SIGNED <u>8/10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-18-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Forrest</u>		24d. LOCATION (City, town, or county) (State) <u>Birch Tree, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-11-51</u>		REGISTRAR'S SIGNATURE <u>Michael Bralim</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>491</u>		ADDRESS <u>Duncan Funeral Home Mo View, Mo</u>	

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

RECEIVED

AUG 14 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.....

.....
working under my personal supervision.

Student
Student Embalmer

Signed *Joe G. Duncan*
Student Embalmer No.
Licensed Embalmer No. *4325*
P. O. Address *Brooklyn N.Y.*

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.