

FILED FEB 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5993

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Doniphan 0910	
c. LENGTH OF STAY (In this place) 2 months		d. STREET ADDRESS (If rural, give location) 701 Walnut St. /	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McFarland Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) EMMA	b. (Middle) A.	c. (Last) FINCH	4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1952
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5. SEX / Female	6. COLOR OR RACE / White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) / Married	8. DATE OF BIRTH / December 5, 1890	9. AGE (In years last birthday) / 61	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Thomas Johnson	13b. MOTHER'S MAIDEN NAME Mae Milum	14. NAME OF HUSBAND OR WIFE E. L. Finch
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME E. E. Finch	ADDRESS Doniphan, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 1 wk
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES 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. <u>Previous cerebral hemorrhage.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-1-52, 1952, to 2-9, 1952, that I last saw the deceased alive on 2-9, 1952, and that death occurred at 10:44 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. E. Finch M.D.</u>	23b. ADDRESS <u>Rolla Mo.</u>	23c. DATE SIGNED <u>2-11-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <input checked="" type="checkbox"/>	24b. DATE Feb. 12, 1952	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Doniphan, Mo.
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DATE REC'D BY LOCAL REG. Feb. 11, 1952	REGISTRAR'S SIGNATURE <u>Madine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>	ADDRESS <u>Rolla, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 18 1957

FEB 29 1957

RECEIVED  
PHELPS COUNTY HEALTH OFFICER

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.....

*Paul E. Nul*

Licensed Embalmer No.....

*4498*

P. O. Address.....

*Rolls, 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.