S. No. 300
v. 10.48

FILED MAR 29 1952

STANDARD CERTIFICATE OF DEATH

State File No. 9544

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 308-8 Registrar's No. 64

923
0

1. PLACE OF DEATH
a. COUNTY: St. Charles,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
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): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elsberry 0570
d. STREET ADDRESS (If rural, give location): 414 N. 3rd St. 1

3. NAME OF DECEASED (Type or Print)
a. (First): EVERETT
b. (Middle): Charles
c. (Last): FINES

4. DATE OF DEATH (Month) (Day) (Year): 3 20 1952

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: 3-4-1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 0, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: James P. Fines
13b. MOTHER'S MAIDEN NAME: Sarah Margaret Wombles
14. NAME OF HUSBAND OR WIFE: Pearl Fines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 498-22-7493A
17. INFORMANT'S SIGNATURE OR NAME: Pearl Fines — **ADDRESS**: 414 N 3rd Elsberry 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) Acidosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 3-4 mon.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis 10 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 260X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 16 Mar., 1952 *to* 20 Mar., 1952 *that I last saw the deceased alive on* 20 Mar., 1952 *and that death occurred at* 4:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 0 **(Degree or title)**: MD
23b. ADDRESS: 114 N. Main St. Charles Mo
23c. DATE SIGNED: 21 Mar 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: MAR. 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Lincoln Mo

DATE REC'D BY LOCAL REG.: 3-27-52
REGISTRAR'S SIGNATURE: Hanna Handley 284-G
25. FUNERAL DIRECTOR'S SIGNATURE: Clifton Miller **ADDRESS**: Elsberry Mo

(Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1952

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 _____ March 20, 1952, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsberry 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.