

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. TURNER
State File No. 38761

FILED NOV 30 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1060

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE ARKANSAS b. COUNTY FULTON	
b. CITY OR TOWN SPRINGFIELD	c. LENGTH OF STAY (in this place) 5 DAYS	c. CITY OR TOWN MAMMOTH SPRINGS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN HOSP.		e. STREET ADDRESS (If rural, give location) 8030 8	

3. NAME OF DECEASED (Type or Print) NELLIE FINK			4. DATE OF DEATH NOV. 23 1953		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 27, 1884	9. AGE (In years last birthday) 69	F UNDER 1 YEAR	F UNDER 2 HRS.
Months	Days	Hours	Min.			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) RANTOUL, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN HAMMERBACKER	13b. MOTHER'S MAIDEN NAME LUCINA (UNKNOWN)	14. NAME OF HUSBAND OR WIFE G.H. FINK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME MRS. C.L. O'BRIEN	ADDRESS CHANUTE, KAN.
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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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INFARCTION OF MYOCARDIUM DUE TO Atherosclerotic coronary thrombosis	DUE TO (b) HELVETIC CARDIO-VASCULAR DISEASE		
ANTECEDENT CAUSES	DUE TO (c)		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	OBESITY, EXTREME		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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)	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 **Nov. 17, 1953, to Nov. 23, 1953**, that I last saw the deceased alive on **Nov. 22, 1953** and that death occurred at **2:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Glenn Turner, M.D.	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 11/23/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11/25/53	24c. NAME OF CEMETERY OR CREMATORY RIVERSIDE	24d. LOCATION (City, town, or county) (State) MAMMOTH SPRINGS, ARK
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DATE REC'D BY LOCAL REG. 11-24-53	REGISTRAR'S SIGNATURE Fritz Williamson	25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER	ADDRESS SPRINGFIELD, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Walter E. Thumiller*

Licensed Embalmer No....3808.....

P. O. Address ..SPRINGFIELD,.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.