

FILED NOV 30 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39479

State File No. \_\_\_\_\_

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Carthage</u>	d. In Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks hospital</u>		e. STREET ADDRESS (If rural, give location) <u>301 W. Fifth St</u> <span style="float: right;"><u>0473</u></span>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELLA</u>	b. (Middle) <u>MYRTLE</u>	c. (Last) <u>FINGERLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 18-1953</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 3-1877</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>near Arcola, Missouri</u>	12. COUNTRY OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph Robinson</u>	13b. MOTHER'S MAIDEN NAME <u>Missouri Hood</u>	14. NAME OF HUSBAND OR WIFE <u>George Fingerle</u>
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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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hermit Fingerle</u>	ADDRESS <u>1105 Oak, Carthage, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute congestive heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular disease</u> DUE TO (c) _____		<u>8-10 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>			<u>8-10 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>Carthage, Mo</u>
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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 Aug 1948, to Nov 18, 1953, that I last saw the deceased alive on Nov 18, 1953, and that death occurred at 8 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles H. Shell MD</u>	(Degree or title)	23b. ADDRESS <u>Carthage, Mo</u>	23c. DATE SIGNED <u>11-18-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Nov 20, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Center Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rte 3, Carthage, Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-18-53</u>	REGISTRAR'S SIGNATURE <u>Lloyd B. Clinch</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Snell Mortuary</u>	ADDRESS <u>Carthage, Mo</u>
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(Licensed Embalmer's Signature on Reverse Side)

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

NOV 27 1953

RECEIVED

Jasper County Health Office

County File Number 53-11-947

Date Filed NOV 27 1953

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..... *Robert H. Knell*

Licensed Embalmer No. 4459

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