

FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7899

BIRTH NO. _____		REG. DIST. NO. <u>379</u>		PRIMARY REG. DIST. NO. <u>4560</u>		Registrar's No. <u>151</u>			
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -a. STATE <u>MISSOURI</u> - b. COUNTY <u>Wright</u>					
b. CITY OR TOWN <u>Norwood</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>Norwood</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>114th</u>					
3. NAME OF DECEASED a. (First) <u>ELI</u>			b. (Middle) <u>FINCH</u>		c. (Last) <u>FINCH</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 19-1956</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 18, 1897</u>			
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u></u>		11. DAYS <u></u>		12. HOURS <u></u>			
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <u>Farming-retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Douglas Co, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Eli Finch Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Lou Head</u>			14. NAME OF HUSBAND OR WIFE <u>Grace Finch-Norwood, Mo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grace Finch-Norwood, Missouri</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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary Occlusion</u>				ANTECEDENT CAUSES <u>Ca of Prostate</u>					
*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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Feb</u> , 19 <u>55</u> , to <u>Feb</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb 14</u> , 19 <u>56</u> , and that death occurred at <u>12:30 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Richard E. Mitchem DO</u>				23b. ADDRESS <u>Min. Grove, Mo.</u>		23c. DATE SIGNED <u>2-23-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/22/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Finch Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Douglas County, MO</u>			
DATE REC'D BY LOCAL REG. <u>3/1/56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 3840		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 356-31
Date Filed MAR 10 1956

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 *George Stapp*

Licensed Embalmer No. 316

P. O. Address *Mr. Stapp*

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.