

FILED OCT 15 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30048

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 447

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Indiana</b> b. COUNTY <b>Don't Know</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. CITY OR TOWN <b>New Haven</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 hr</b>		e. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Southeast Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Arthur</b>	b. (Middle) <b>Wilmar</b>	c. (Last) <b>Finger</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 5 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH. <b>Mar 23 1884</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR <b>7</b> Months <b>3</b> Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>R.R. Telegrapher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Penn. R.R.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Seventy Six Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Wilmar Finger</b>	13b. MOTHER'S MAIDEN NAME <b>Leberta Telle</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs A.W Finger</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give year or dates of service)	16. SOCIAL SECURITY <b>Don't Know</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs A . W Finger, New Haven, Ind</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular Hemorrhage</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, leading rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None known</b>			

19a. DATE OF OPERATION <b>None</b>	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)
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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 Oct 5, 1956, to Oct 5, 1956, that I last saw the deceased alive on Oct 5, 1956, and that death occurred at 9:58 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Israel H. Hoxworth, M.D.</b>	23b. ADDRESS <b>24 N. Sprigg Cape Gir., Mo</b>	23c. DATE SIGNED <b>Oct. 10-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Oct 6 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Haven</b>	24d. LOCATION (City, town, or county) (State) <b>New Haven Indiana</b>
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DATE REC'D BY LOCAL REG. <b>10-10-56</b>	REGISTRAR'S SIGNATURE <b>T. C. Summer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Harper and Son's New Haven Ind.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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OCT 26 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 *Neil H. Roschelder*

Licensed Embalmer No. *4994*

P. O. Address *Cape Girardeau*

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.