

FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24045

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 3018		Registrar's No. 65			
1. PLACE OF DEATH a. COUNTY Dent County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Salem, Missouri		c. LENGTH OF STAY (in this place) 5 year		c. CITY OR TOWN Salem, Missouri		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 Hart Clinic				e. STREET ADDRESS (If rural, give location) Hwy 19 South, Salem, Missouri					
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle)		c. (Last) Finch		4. DATE OF DEATH (Month) (Day) (Year) 7 - 19 - 57		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 3 - 9 - 1877		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man			10b. KIND OF BUSINESS OR INDUSTRY Factory Maintenance		11. BIRTHPLACE (City and State or Foreign Country) Jackson County, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Finch			13b. MOTHER'S MAIDEN NAME Ellen Gregory			14. NAME OF HUSBAND OR WIFE Della Ball Finch			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. X			16. SOCIAL SECURITY NO. 492-03-6754A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hurb Adams Salem, Missouri				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease. Arteriosclerosis - generalized  ANTECEDENT CAUSES 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.					INTERVAL BETWEEN ONSET AND DEATH 2 years		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H200						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21h. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 12-14-55, 19___, to 7-19-57, 19___, that I last saw the deceased alive on 7-10-57, 19___, and that death occurred at 5:00 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Robert Smith M.D.</i>				23b. ADDRESS Salem, Mo.		23c. DATE SIGNED 7-19-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-21-57		24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem.		24d. LOCATION (City, town, or county) (State) Salem, Missouri			
DATE REC'D BY LOCAL REG. 7/20/57		REGISTRAR'S SIGNATURE <i>M M Hunt</i>			FUNERAL DIRECTOR'S SIGNATURE <i>Walter Spencer</i>		ADDRESS Salem, Missouri		

(Licensed Embalmer's Statement on Reverse Side)

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

533  
0

1102

JUL 8 1958

JAN 22 1958

AUG 30 1957

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 *Carl D. Spinner*

Licensed Embalmer No. *237*

P. O. Address *Delmar*

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.