

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034732

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4823 STATE FILE NUMBER

FILED OCT 8 1962

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City D.O.A. Length of stay in lb
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. General Hosp. Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Kansas b. COUNTY Johnson
 c. CITY OR TOWN Stanley Kansas Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 330 East 2nd St. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last (Type or print) DELORIS JEAN FINCH
 4. DATE OF DEATH Sept. 19 - 1962
 5. SEX Female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 3-25-1940 9. AGE (last birthday) 22 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waitress 10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT 11. BIRTHPLACE (City and state or country) Fresno Calif. 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME Frank W. Vancil 13b. MOTHER'S MAIDEN NAME Wilma 14. NAME OF HUSBAND OR WIFE James Finch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
 16. SOCIAL SECURITY NO. unknown 17. INFORMANT James Finch Address 330 E. 2nd Kans.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Shock & Hemorrhage
 DUE TO (b) Refractured femur
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Two Car Collision
 20c. TIME OF INJURY Hour s.m. p.m. 9-1962

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 20f. CITY, TOWN, OR LOCATION Keokuk COUNTY Jackson STATE MO
 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens M.D. Coroner 22b. ADDRESS 152 Union Station 22c. DATE SIGNED 9-20-62
 23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 9-23-62 23c. NAME OF CEMETERY OR CREMATORY Mountain Valley Cem. 23d. LOCATION (City, town, or county) (State) Mountain Valley, Mo.

24. FUNERAL DIRECTOR Lapetina ADDRESS 538 Campbell St 25. DATE RECD. BY LOCAL REG. 9-20-62 26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Hugh H. Owens

USE BLACK INK OR TYPEWRITER RIBBON

