

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002265

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 28

DO NOT WRITE ON THIS STUB

AMENDED

**FILED FEB 11 1963**

1. PLACE OF DEATH  
 a. COUNTY Laclede  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon Length of stay in '1b 4ms.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Louise G. WALLACE HOSP. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY Laclede  
 c. CITY OR TOWN Lebanon Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 498 Hayes Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Nettie Attaway Fincher Feb. 3, 1963

5. SEX female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9-21-98 9. AGE (last birthday) 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and state or country) Laclede County, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Pease 13b. MOTHER'S MAIDEN NAME Lizzie Harris 14. NAME OF HUSBAND OR WIFE Amos Fincher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ) no none 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Amos Fincher, Lebanon, Mo. Address 498 Hayes

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Acute hemorrhagic pancreatitis INTERVAL BETWEEN ONSET AND DEATH 2.8 hrs.  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus 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.) \_\_\_\_\_

20c. TIME OF INJURY Hour Month, Day, Year  
 \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

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.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-2-52 to 2-3-63 and last saw her/him alive on 2-3-63  
 Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) BBHurst MD 22b. ADDRESS 255 N. ADAMS, LEBANON, Mo. 22c. DATE SIGNED 2-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 2-5-63 23c. NAME OF CEMETERY OR CREMATORY Hough Chapel Cemetery 23d. LOCATION (City, town, or county) (State) Laclede Co., Mo.

24. FUNERAL DIRECTOR J.J. Shadel ADDRESS Lebanon, Mo. 25. DATE RECD. BY LOCAL REG. 2-6-1963 26. REGISTRAR'S SIGNATURE Hella L. Day

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FEB 15 1963

02329  
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**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 Eric M. Abbott

Licensed Embalmer No. 5115  
P. O. Address Springfield 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.

Permit Secured 2-5-1963-W.D.R.W.