

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005703

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 201 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 18 1963

VS 300 Rev. 4/59
16008
20898
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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

Donald L. Somer

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 1 week	c. CITY OR TOWN Camden Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 5101 No. Barnes, K.C. Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) -- Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Elizabeth (NMN) Finch			4. DATE OF DEATH Month Day Year January 31, 1963
5. SEX female	6. COLOR OR RACE caucasian	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-15-93
9. AGE (last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (City and state or country) Lexington, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Peter McKenna		13b. MOTHER'S MAIDEN NAME Jane Kelly	14. NAME OF HUSBAND OR WIFE Richard Finch (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) NO		16. SOCIAL SECURITY NO.	17. INFORMANT Address Patrick R. Finch, 420 S. Oakley, K.C. Mo.
18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) probable congestive heart failure			INTERVAL BETWEEN ONSET AND DEATH 11 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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) natural death	
20c. TIME OF INJURY Hour, Month, Day, Year, a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 _____, to _____ and last saw her/him alive on _____. Death occurred at 2:05 PM _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE Donald L. Somer		(Degree or title) acting coroner deputy sheriff	22b. ADDRESS Clay Co Sheriff Dept, Liberty, Mo.
22c. DATE SIGNED 1-31-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-3-1963	23c. NAME OF CEMETERY OR CREMATORY Macpelah Cemetery	23d. LOCATION (City, town, or county) (State) Lexington, Missouri
24. FUNERAL DIRECTOR Thomas J. Carter, Richmond, Mo.		25. DATE RECD. BY LOCAL REG. 2-2-63	26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

FEB 19 1963

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 Thomas J. Curtis

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.