

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010816

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 64 Primary Registration District No. 5245 Registrar's No. \_\_\_\_\_

FILED MAR 25 1963

VS 300  
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Keytesville Twp.</u>		Length of stay in 1b <u>5-Years</u>		c. CITY OR TOWN <u>Salisbury, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9-M.S.E. of Keytesville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>9-M.S.E. of Keytesville</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Bell</u> Last <u>Finnell</u>			4. DATE OF DEATH Month <u>3</u> Day <u>14th</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 13-1888-74</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Salesman</u>		11. BIRTHPLACE (City and state or country) <u>Keytesville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Etheldred Finnell</u>			
13b. MOTHER'S MAIDEN NAME <u>Lenora Ewing</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>Yes World War -</u>		16. SOCIAL SECURITY NO. <u>359</u>		17. INFORMANT <u>Mrs. Louise Spence, Salisbury, Mo.</u> Address _____	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>not known</u> <u>not known</u>
Conditions, if any, which gave rise to above cause, (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease.</u>					
DUE TO (c) <u>Generalized arteriosclerosis.</u>					
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 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		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 <u>12-28-61</u> to <u>3-14-63</u> and last saw him alive on <u>3-14-63</u> Death occurred at <u>3:45</u> A. m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>George D. Linn</u>		(Degree, or title) <u>MO</u>		22b. ADDRESS <u>Salisbury, Mo.</u>	
22c. DATE SIGNED <u>3-15-63</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-16-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Keytesville, Mo.</u>	
24. FUNERAL DIRECTOR <u>H.D. Garnett</u>		ADDRESS <u>Keytesville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-16-63</u>	26. REGISTRAR'S SIGNATURE <u>Donald W. Berry</u>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

APR 17 1963

JUN 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 A. D. Garrett

Licensed Embalmer No. 3046  
P. O. Address Key Bould 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.