

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

Primary Registration District No.

1003

Registrar's No.

5148

=63-021560-

STATE FILE NUMBER

Registration District No.

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 05052

3

4 0

5 1

6

7 1

8 1

9

10

11

12 58.0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

6-6-63

Walter M Finnical

Harry Walter Finnical

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 17 1963

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY			
		St. Louis, Mo.		3 Mos.		Missouri.		Jefferson			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Deaconess Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN		Desoto			
						d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
						401 So. 5th, St.					
3. NAME OF DECEASED (Type or print)			First Middle Last			4. DATE OF DEATH			Month Day Year		
Harry Walter			Finnical			May 10, 1963					
5. SEX		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR Months Days Hours Min.	
Male		White				6/15/1905		57			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
Merchant								Ohio		U.S.A.	
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE			
Harry Finnical				Jessie Anderson				Margaret			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv				16. SOCIAL SECURITY NO.				17. INFORMANT Address			
No.				Nil.				Margaret Finnical, 401 So. 5th, St.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)										3 mo.	
Acute Pneumonia & TB											
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										587.0	
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 type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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		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	
21. I attended the deceased from Feb 3 1963 to May 10 1963 and last saw her alive on May 10, 1963											
Death occurred at 8:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (If nurse or title)						22b. ADDRESS			22c. DATE SIGNED		
Dietrich Funeral Home						7820 Cedarvale St			5/10/63		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county)			23e. STATE	
Removal		5-12-63		Woodlawn Cemetery			Desoto, Missouri.				
24. FUNERAL DIRECTOR Dietrich Funeral Home, Desoto, Mo.					25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE				
					MAY 13 1963		Loan Smith, M.D.				

USE BLACK INK

OR TYPEWRITER RIBBON

58

JUL 25 1966

JUL 29 1966

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 _____
[Handwritten Signature]

Licensed Embalmer No. _____
[Handwritten Signature]

P. O. Address _____

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.