

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036120

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5042

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

H. L. BIGGS

REMOVAL

USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 27 1963	
1. PLACE OF DEATH	
a. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	
Length of stay in 1b 6 1/2 hrs.	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE Missouri b. COUNTY Jackson	
c. CITY OR TOWN Independence	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) 1831 S. Overton	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last	
Joseph Fincher	
4. DATE OF DEATH Month Day Year	
September 14 1963	
5. SEX	6. COLOR OR RACE
Male	White
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
	11/30/1900
9. AGE (last birthday)	IF UNDER 1 YEAR Months Days
62	
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
General Contracting	Building
11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
Wright County, Mo.	U S
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME
William J. Fincher	Bartholona Daniels
14. NAME OF HUSBAND OR WIFE	
Elsie O. Fincher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
No	
17. INFORMANT	Address
Elsie O. Fincher	1831 S. Overton
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Diaphanous Myocardial Infarct	
DUE TO (b) Chronic Atherosclerotic Heart Disease	
DUE TO (c) Generalized Arterial Sclerosis	
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 type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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>11/17/56</u> to <u>9/14/63</u> and last saw her/him alive on <u>9/13/63</u>	
Death occurred at <u>2:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)	22b. ADDRESS
H. L. Biggs M.D.	Raytown, Mo
22c. DATE SIGNED	
9/14/63	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE
Removal	9/16/1963
23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Lebanon Cemetery	Laclede County, Missouri
24. FUNERAL DIRECTOR	25. DATE RECD. BY LOCAL REG.
Earp & Sons Mortuary	9-14-63
26. REGISTRAR'S SIGNATURE	
Bessie Smith	

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 William H. Corp

Licensed Embalmer No. 4728

P. O. Address N. C. 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.