

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED APR 2 1951**

State File No. **9696**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **4447** Registrar's No. **26**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Ray</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Henrietta</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Henrietta</b>	
c. LENGTH OF STAY (in this place) <b>30 years</b>		d. STREET ADDRESS (If rural, give location) <b>Street nos listed</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Street not listed</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Thomas</b> b. (Middle) <b>Oliver</b> c. (Last) <b>Finch</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 17, 1951</b>		
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<b>5. SEX</b> <b>Male 2</b>		<b>6. COLOR OR RACE</b> <b>Negro</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed 2</b>		<b>8. DATE OF BIRTH</b> <b>January 5, 1874</b>		<b>9. AGE</b> (In years last birthday) <b>77</b> IF UNDER 1 YEAR <b>2</b> MONTHS <b>2</b> DAYS <b>12</b> IF UNDER 12 HRS. <b>12</b> MIN.	
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Blacksmith</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Blacksmithing</b>			<b>11. BIRTHPLACE</b> (State or foreign country) <b>Rayville, Missouri</b>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>		
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<b>13a. FATHER'S NAME</b> <b>Peter Finch</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Caroline Price</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Elizabeth Finch</b>		
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Hortense Finch, Henrietta, Missouri</b>		<b>ADDRESS</b>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Acute Dilation</b>							
		<b>ANTECEDENT CAUSES</b>							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>Chronic Myocarditis</b>						<b>4222</b>	
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>							

<b>19a. DATE OF OPERATION</b> <b>none</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>none</b>						<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>no</b>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>none</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) <b>none</b>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>none</b>	
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**22. I hereby certify that I attended the deceased from 1/9/51, 19\_\_, to 2/17/51, 19\_\_, that I last saw the deceased alive on 2/17/51, 19\_\_, and that death occurred at 6:20 A.M. from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i>		<b>23b. ADDRESS</b> <b>Gay Bldg., Richmond, Mo.</b>		<b>23c. DATE SIGNED</b> <b>3/23/51</b>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>March 19, 1951</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>City Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Richmond, Missouri</b>	
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<b>DATE REC'D BY LOCAL REG.</b> <b>Mar. 24-1951</b>		<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i> <b>273</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>[Signature]</i>		<b>ADDRESS</b> <b>Guest-Lite Funeral Home, Richmond, Missouri</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10. 300  
10. 40  
690



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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4066

P. O. Address Richmond, Va

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 this body is not embalmed, fact should be so stated above.