

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21654**

FILED JUN 16 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 184

1941

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

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY OR TOWN <u>BONNE TERRE</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>BONNE TERRE</u>	<u>1941</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>201 N. ALLEN</u>		d. STREET ADDRESS (If rural, give location) <u>201 N. ALLEN</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FINIS</u>	b. (Middle) <u>EDWIN</u>	c. (Last) <u>COUNTS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 3, 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 9, 1870</u>	9. AGE (In years last birthday) <u>82</u>	If UNDER 1 YEAR: Months <u>2</u> Days <u>24</u>	If UNDER 1 MIN. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>STE. GENEVIEVE Co., Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>JOSEPH H. COUNTS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY K. MILLER</u>	13c. NAME OF HUSBAND OR WIFE <u>PILLA COUNTS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u> <u>NONE</u>	16. SOCIAL SECURITY NO. <u>500-16-1478A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS FEFIE MORAN</u>	ADDRESS <u>BONNETERRE Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>About 2 yr.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Feb. 1, 1951, to April 15, 1952, that I last saw the deceased alive on April 15, 1952, and that death occurred at 4:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Marvin J. Haw, Jr., M.D.</u>	23b. ADDRESS <u>Bonne Terre, Mo.</u>	23c. DATE SIGNED <u>6/7/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 7, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCOIS MEMORIAL</u>	24d. LOCATION (City, town, or county) (State) <u>BONNETERRE Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 7, 1952</u>	REGISTRAR'S SIGNATURE <u>Eather Ridley</u>	25. EMERALD DIRECTOR'S SIGNATURE <u>Penham</u>	ADDRESS <u>Bonne Terre Mo.</u>
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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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Clarence J. Claywell*

Licensed Embalmer No. *3706*

P. O. Address *Bonnet Cove 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 this body is not embalmed, fact should be so stated above.