

FILED JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20443  
State File No. ....  
2633  
Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2633</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>		
c. LENGTH OF STAY (In this place) <u>20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>911 Holmes St</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXXXXXXXX St Marys Hoapital</u>								
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. AGE (In years last birthday)		
a. (First) <u>Charles</u>			b. (Middle) <u>William</u>			c. (Last) <u>Finnister</u>		
4. DATE OF DEATH <u>June 9 1952</u>			5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>May 25 1893</u>		9. AGE (In years last birthday) <u>59</u>		10. MONTHS <u>0</u>		11. DAYS <u>0</u>		
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Slater Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Charles Henry Finnister</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Green</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Finnister</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-07-7059</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harry C. Finnister</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalo malacia</u>		ANTECEDENT CAUSES				DUE TO (b) <u>Infarction - Basal ganglia 7 days</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Arterio sclerosis 11 mo</u>		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death <u>Hypertensive cardiovascular dis.</u>				years		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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)		22. HOW DID INJURY OCCUR?		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>5-13</u> , 1952, to <u>6-9</u> , 1952, that I last saw the deceased alive on <u>6-9</u> , 1952, and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Hubert M. Parker</u>		23b. ADDRESS <u>520 Argyle</u>		23c. DATE SIGNED <u>6-10-52</u>				
24a. BURIAL, CREMA TION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 11 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slater Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Slater Missouri</u>		
DATE REC'D BY LOCAL REG. <u>6-11-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs C.L. Forster</u>				
				ADDRESS <u>918 Brooklyn K.C. Mo.</u>				

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

Dr. Hubert Parker  
520 Argyle Bldg  
VI-3233

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Dean Owens*

Licensed Embalmer No. 4280

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