

No. 306
10-48

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

State File No. **20999**

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 16

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Holden Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holden</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holden</u>	
c. LENGTH OF STAY (In this place) <u>11 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>West 2nd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West 2nd Street.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charley</u> b. (Middle) <u>E.</u> c. (Last) <u>Finney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5, 1952</u>		
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>May 31, 1882</u>	9. AGE (In years last birthday) <u>70</u>	# UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banking</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Banking.</u>		11. BIRTHPLACE (State or foreign country) <u>Holden, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Melvin Finney</u>	13b. MOTHER'S MAIDEN NAME <u>Carrie Elberding</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. C. E. Finney.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>496-16-8234-A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C.E. Finney, Holden, Mo.</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid 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. <u>Chronic Myocarditis</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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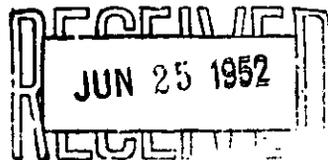
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June 5, 1951, to June 5, 1952, that I last saw the deceased alive on June 5, 1952, and that death occurred at 12:20 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kelly Rowlands M.D.</u>	23b. ADDRESS <u>Holden Mo</u>	23c. DATE SIGNED <u>6/5/52</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>Quindaro Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas.</u>
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DATE REC'D BY LOCAL REG. <u>6-6-1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. James W. Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.B. Cast</u>	ADDRESS <u>HOLDEN MO</u>
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JOHNSON COUNTY HEALTH DEPT.

JUN 27 1952

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 *E.B. Post*

Licensed Embalmer No. *4059*

P. O. Address *Holden, 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.