

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26825

State File No. ....

158

0910  
2

FILED AUG 4 1952

BIRTH NO. .... REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <i>Mo. State School</i>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Marshall - Twp</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City Jackson Co. 1</i>	
c. LENGTH OF STAY (In this place) <i>15 years</i>		d. STREET ADDRESS (If rural, give location) <i>4111 Virginia K.C. Mo.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. State School</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Terrence</i> b. (Middle) <i>Terry</i> c. (Last) <i>Finn Jr.</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>July 26, 1952</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>	8. DATE OF BIRTH <i>July 19, 1924</i>
9. AGE (If years last birthday) <i>28</i>	# UNDER 1 YEAR Months <i>0</i> Days <i>7</i>	IF UNDER 2 HRS. Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>K. Jackson Co. 1</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S. A.</i>
13a. FATHER'S NAME <i>Terrence Finn Jr.</i>	13b. MOTHER'S MAIDEN NAME <i>Brita Roland</i>	14. NAME OF HUSBAND OR WIFE <i>K</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mo. State School Marshall Mo.</i>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Suicide by drowning</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>in Mo. State School</i> DUE TO (c) <i>Lake -</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>E975X</i>	
19a. DATE OF OPERATION <i>✓</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 <i>made an investigation on July 26, 1952</i> , that I last saw the deceased alive on <i>July 10, 1952</i> , and that death occurred at <i>7:30 P.M.</i> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>M.D. Cronis Saline</i>		23b. ADDRESS <i>Marshall Mo.</i>	23c. DATE SIGNED <i>7-26-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>July 26, 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Marys cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>
DATE REC'D BY-LOCAL REG. <i>July 26, 52</i>	REGISTRAR'S SIGNATURE <i>Edney T Gray</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>38 S Campbell-Lewis Marshall, Mo</i> (Licensed Embalmer's Statement on Reverse Side)	

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

**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.

Signed.....  
Student Embalmer

Signed W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, N.C.

**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.