

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

**31783**

State File No. ....  
**4700**

No. 300  
10-48

29216  
**FILED OCT 15 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		3598	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>		d. STREET ADDRESS (If rural, give location) <u>59 5801 East 35th Street Terr.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Percenia</u> b. (Middle) <u>Lee</u> c. (Last) <u>Finley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 28 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>****</u>	
8. DATE OF BIRTH <u>5-26-53</u>		9. AGE (In years) (last birthday) <u>4</u> Months <u>4</u> Days <u>2</u>		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>0 Kansas City, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>0 America</u>					

13a. FATHER'S NAME <u>Quincy Finley</u>		13b. MOTHER'S MAIDEN NAME <u>Juline Gordon</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Juline Gordon, 5801 E 25th St. Terr.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diarrhea with dehydration.</u>		(m. m. a.)			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.)				5710	

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) _____	
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 9-27-53, 1953, to 9-28-53, 1953, that I last saw the deceased  alive on 9-28-53, 1953, and that death occurred at 12:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>9-30-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>---</u>	
24d. LOCATION (City, town, or county) (State) <u>Melbourne, Oklahoma</u>					

DATE REC'D BY LOCAL REG. <u>9-30-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ransley-Williams F. H. - K.C. Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD  
E. Frank Ellis MD

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 J. F. Ramsey

Licensed Embalmer No. 4021

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.