

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36835**

FILED NOV 23 1955
BIRTH NO. **64238-55** REG. DIST. NO. **149** PRIMARY REG. DIST., NO. **1002** Registrar's No. **4826**

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo		c. LENGTH OF STAY (In this place) 5 days	c. CITY OR TOWN Clinton TRACY		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Children's Mercy Hospital			STREET ADDRESS (If rural, give location) Tracy, Box 64 0520 1		
3. NAME OF DECEASED (Type or Print) a. (First) Debra b. (Middle) Sue c. (Last) Finney			4. DATE OF DEATH (Month) (Day) (Year) Nov. 5 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 29, 1955	9. AGE (In years last birthday) 7	IF UNDER 1 YEAR Days 7 IF UNDER 4 HRS. Hours 0 Min. 0
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) Clinton, Mo 0	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Grover C. Finney		13b. MOTHER'S MAIDEN NAME Fern Gannway		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS GROVER C. FINNEY Tracy, Mo.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE HEMORRHAGIC BRONCHOPNEUMONIA 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. PREMATURITY				INTERVAL BETWEEN ONSET AND DEATH 7635
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) m.		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 11-1, 1955 , to 11-5, 1955 , that I last saw the deceased alive on 11-5, 1955 , and that death occurred at 10:30 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Wayne Hart (Degree or title) MD			23b. ADDRESS Children's Mercy Hospital		23c. DATE SIGNED 11-5-55
24a. BURIAL, CREMATION (REMOVAL) (Specify) Burial	24b. DATE 11-7-55	24c. NAME OF CEMETERY OR CREMATORY Platte City Cemetary	24d. LOCATION (City, town, or county) (State) Platte City, Mo.		
DATE REC'D BY LOCAL REG. 11-9-55		REGISTRAR'S SIGNATURE Debra Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rollins-Mitchell FUNERAL HOME	

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..

Student.....
Signature of Student Embalmer

Signed *Roland M. Giffey*.....

Licensed Embalmer No. *4725*

P. O. Address *Platte City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.