

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26888
State File No. 3331
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 8 years		e. STREET ADDRESS (If rural, give location) 51 3828 Warwick Boulevard 518 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) O.	c. (Last) FINLEY	4. DATE OF DEATH (Month) (Day) (Year) July 31, 1956
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5. SEX Male	6. COLOR OR RACE White <input type="radio"/>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH April 26, 1907	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steward at Kansas City Club	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lafayette, Indiana	12. CITIZENRY OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Harry W. Finley	13b. MOTHER'S MAIDEN NAME Genevive Felix	14. NAME OF HUSBAND OR WIFE - -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 319-09-8987	17. INFORMANT'S SIGNATURE OR NAME Mrs. H. W. Finley, 200 West Armour, K.C. Mo.	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, asthenia, 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) Malignant Melanoma Pulmonary edema.		Not known
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis to lungs, Heart & liver.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		190x	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from 22 July, 1956, to 31 July, 1956, that I last saw the deceased alive on 31 July, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Wallace H. Graham, M.D. (Degree or title) <input type="checkbox"/>	23b. ADDRESS 518 Argyle Bldg.	23c. DATE SIGNED 1 Aug. 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 2, 1956	24c. NAME OF CEMETERY OR CREMATORY (City, town, or county) (State) Marion, Indiana
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DATE REC'D BY LOCAL REG. 8-1-56	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLORE UND. CO., 3235 Gillham Plaza	ADDRESS K. C. 9, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

730 FLETCO 11/1/20
5:30 P.M.

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 *Elmo D. Triplett*.....

Licensed Embalmer No. *4817*.....

P. O. Address *Kansas City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.