

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 2-1956

State File No. **33963**

BIRTH NO. _____ REG. DIST. NO. **147** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4516**

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| 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 TOWN Kansas City | | c. LENGTH OF STAY (in this place) 69 yrs. | c. CITY OR TOWN Kansas City |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 310 South Jackson | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) AUGUST c. (Last) FINSTER | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1956 | |

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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 21, 1860 | 9. AGE (In years last birthday) 96 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 12 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Engineer | | 10b. KIND OF BUSINESS OR INDUSTRY Wabash Railroad | | 11. BIRTHPLACE (City and State or Foreign Country) Weston, West Virginia | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Kasper Finster | 13b. MOTHER'S MAIDEN NAME Ernestine Newberger | 14. NAME OF HUSBAND OR WIFE Margaret D. Finster |
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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) No | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Margaret D. Finster, 310 S. Jackson, K.C. Mo. |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH Unknown |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Disease with Fibrillation | | |
| | ANTECEDENT CAUSES Morbidity 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. Severe fracture left humerus requiring complete bed rest in hospital for three weeks, 3 weeks. | | |

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| 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) 23 (COUNTY) _____ (STATE) _____ |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from **14 Sept., 1956**, to **16 October, 1956**, that I last saw the deceased alive on **9 October, 1956**, and that death occurred at **11:45 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Jack L. Vinyard (Degree or title) M.D. | 23b. ADDRESS 20 25 Swift No K.C. (16) Mo. | 23c. DATE SIGNED 10-16-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Oct. 19, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery | 24d. LOCATION (City, town, or county) (State) Jackson County, Missouri. |
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| DATE REC'D BY LOCAL REG. 10-17-56 | REGISTRAR'S SIGNATURE Neval Marshall | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY, Kansas City, Missouri. |
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

2025 SWIFT
N.K.C., Mo.
BR. 1-0058

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 *Clayton A. Barnes*.....

Licensed Embalmer No. 4793

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