

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44341  
STATE FILE NUMBER  
1957  
149 Primary Registration District No. 1002 Registrar's No. 5921

FILED JAN 8 1957

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <b>KANSAS CITY</b><br>138<br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>4716 MCGEE</b>  |  | Length of stay in 1b <b>12 years</b><br>d. STREET ADDRESS (If outside, give location) <b>4716 MCGEE</b><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |
| 3. NAME OF DECEASED<br>(Type or print) First <b>MAX</b> Middle <b>FINLEY</b> Last   |  |   | 4. DATE OF DEATH<br>Month <b>Dec.</b> Day <b>13</b> Year <b>1957</b>  |
| 5. SEX <b>MALE</b>  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>                                   | 8. DATE OF BIRTH <b>APRIL 21, 1896</b><br>67  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AUDITOR</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. GOVERNMENT</b>  | 11. BIRTHPLACE (City and state or country) <b>SMITHVILLE, INDIANA</b>   |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  | 13a. FATHER'S NAME <b>MITCHELL FINLEY</b>   |   |
| 13b. MOTHER'S MAIDEN NAME <b>LOVIA MARTIN</b>   |  | 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) <b>YES WORLD WAR 2</b>  |  | 16. SOCIAL SECURITY NO. <b>NONE</b>   | 17. INFORMANT <b>LOTTIE FINLEY</b> Address <b>KANSAS CITY, MO</b><br><b>4716 MCGEE</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <b>Coronary Occlusion</b><br>DUE TO (c) <b>4201</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>A-1 Heart Block Intracranial Hemorrhage</b> |  |   | INTERVAL BETWEEN ONSET AND DEATH <b>Four Minutes</b><br><b>One year</b><br>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18)    |   |   |
| 20c. TIME OF INJURY<br>Hour<br>a.m.<br>p.m.   | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> |   |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION   | COUNTY  | STATE   |
| 21. I attended the deceased from <b>Feb 14, 1948</b> to <b>Dec 13, 1957</b> and last saw him alive on <b>Dec 6, 1957</b><br>Death occurred at <b>6:30 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.   |  |   |   |
| 22a. SIGNATURE (Degree or title) <b>Harold A. Pallett M.D.</b>  |  | 22b. ADDRESS <b>4620 J.C. Nichols Rd. K.C.</b>  | 22c. DATE SIGNED <b>12/14/57</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>  | 23b. DATE <b>DEC-14-1957</b>   | 23c. NAME OF CEMETERY OR-CREMATORY <b>CLEAR CREEK</b>   | 23d. LOCATION (City, town, or county) (State) <b>CLEAR CREEK, INDIANA</b>   |
| 24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b> ADDRESS <b>311 Brook Creek K.C., MO.</b>   |  | 25. DATE RECD. BY LOCAL REG. <b>12-15-57</b>  | 26. REGISTRAR'S SIGNATURE <b>neva Marshall</b>  |

Harold A. Pallett

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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 *Vern Lawler* .....

Licensed Embalmer No. *4915*  
P. O. Address *47 E 32nd St KC*

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.