OURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-040048

FILED VS DEC 10 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5529 STATE FILE NUMBER

MENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 9 months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) General Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1746 Bellview — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Cornelius Middle Last Finch

4. DATE OF DEATH Month 11 Day 14 Year 1959

5. SEX Male
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-27-59
9. AGE (last birthday) IF UNDER 1 YEAR Months 9 Days 17 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) K.C. Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Earl Finch
13b. MOTHER'S MAIDEN NAME Jettis Reliford
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Earl Finch Address 1746 Bellview

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pubendocardial fibro-elastosis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 11-14-59 to 11-14-59 and last saw her/him alive on 11-14-1959
Death occurred at 11:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles Wheeler M.D.
22b. ADDRESS 2400 Cherry K.C. Mo.
22c. DATE SIGNED 11/16/1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-19-59
23c. NAME OF CEMETERY OR CREMATORY Highland Cem.
23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR Mrs. Meeks. ADDRESS K.C. Mo.
25. DATE RECD. BY LOCAL REG. 11-17-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF Charles Wheeler

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Millard B Pask

Signature of Student Embalmer

Licensed Embalmer No. 5013

P. O. Address N.C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.