IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-030539

FILED VS SEP 6 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4258 STATE FILE NUMBER

NDED

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: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barton
c. CITY OR TOWN Lamar
Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Route 4
Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Middle Last: George Frank Finley
4. DATE OF DEATH Month Day Year: August 18, 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 2-22-93
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Mountain Grove, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George Finley
13b. MOTHER'S MAIDEN NAME: Martha Cuddle
14. NAME OF HUSBAND OR WIFE: Fannie Sue Finley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 497 38 1746
17. INFORMANT: VA Hospital records, Kansas City, Mo. Address: Rt.4, Lamar, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) recent myocardial infarction with rupture of interventricular septum
DUE TO (c) atherosclerosis, advanced, of anterior descending branch of left coronary artery
INTERVAL BETWEEN ONSET AND DEATH
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 [X] 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. VA attended the deceased from 8-15-60 to 8-18-60
Death occurred at 10:00 Pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE T. J. Fritzlen (Degree or title) M. D.
22b. ADDRESS VA Hospital Kansas City, Mo.
22c. DATE SIGNED 8-19-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-19-60
23c. NAME OF CEMETERY OR CREMATORY: Lake Cemetery
23d. LOCATION (City, town, or county) (State): Lamar, Missouri
24. FUNERAL DIRECTOR: Freeman Mortuary ADDRESS: Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 8-19-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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