

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041571

FILED VS NOV 29 1960 INDEXED

Registration District No. 113 Primary Registration District No. 5431 Registrar's No. 69

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Franklin</b>	a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Londell</b>	Length of stay in 1b <b>9 years</b>	c. CITY OR TOWN <b>Woodriver</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Forty Acne Club</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>516 Woodriver Ave.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First	Middle	Last	Month	Day	Year	
<b>RAY (none) FINNEY</b>			<b>November 20, 1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/24/1890</b>	9. AGE (last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>26</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Petroleum</b>	11. BIRTHPLACE (City and state or country) <b>Cambridge, Kansas</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
---	---	--	--

13a. FATHER'S NAME <b>Abraham Lincoln Finney</b>	13b. MOTHER'S MAIDEN NAME <b>Emmaline Sutton</b>	14. NAME OF HUSBAND OR WIFE <b>Cathryn E. Finney</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>Mrs Joe VanRaam, 6825 St. Charles Rd</b>	Address <b>St. Louis Cy</b>
---	--	--	-----------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<b>Myocardial infarction</b>	<b>10 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerotic Cardiovascular dis.</b>	<b>20 yrs.</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Hour <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 11 March 60 to 21 March 60 and last saw her him alive on 21 March 60  
Death occurred at 10 o'clock a.m. CST m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>George C. Richardson, M.D.</b>	22b. ADDRESS <b>Union, Missouri</b>	22c. DATE SIGNED <b>21 Mar 60</b>
---	--	--------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	23b. DATE <b>11/23/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Chapel of Men</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
---	--------------------------------	---	--

24. FUNERAL DIRECTOR <b>Henry W. Otto, Washington, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Nov. 21-60</b>	26. REGISTRAR'S SIGNATURE <b>Richard Smith</b>
---	---------	---	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 30 1960

DEC 20 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

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