

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

31615

3968

FILED SEP 27 1952

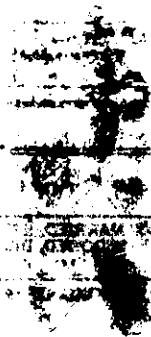
BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>68 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>6415 E. 12th. St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maude</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Finfrook</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 7, 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 23, 1884</u>	
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>	
11a. FATHER'S NAME <u>Thomas Pearson</u>		11b. MOTHER'S MAIDEN NAME <u>Belle Madison</u>		11c. NAME OF HUSBAND OR WIFE <u>John C. Finfrook</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		14. SOCIAL SECURITY NO. <u>None</u>		15. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John C. Finfrook 6415 E. 12th. St.</u>			
16. 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lower nephron nephrosis</u> ANTECEDENT CAUSES Due to (b) <u>Surgical shock</u> Due to (c) <u>Emphyema of gall bladder - gall stones</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease</u>			
17. DATE OF OPERATION <u>8-31-52</u>		17b. MAJOR FINDINGS OF OPERATION <u>Emphyema of Gall Bladder - gall stones</u>		18. INTERVAL BETWEEN ONSET AND DEATH <u>92 hrs</u>		19. AUTOPSY? YES ☐ NO ☒	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)			
21a. TIME OF INJURY (Month) (Day) (Year) (Hour)		21b. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21c. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1, 1950</u> to <u>Sept. 7, 1952</u> , that I last saw the deceased alive on <u>Sept. 7, 1952</u> , and that death occurred at <u>6:05 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>James D. Rising</u>		23b. ADDRESS <u>814 Professional Bldg.,</u>		23c. DATE SIGNED <u>9-8-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/9/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-8-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earp & Sons 4139 Truman Rd. K.C. Mo</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Don Riving
P.O. Box 100
1000
1000

2019-2-22



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
Student Embalmer

Signed

John B. Riving
2955
1000

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.