

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26846

3540

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give town or town) OR TOWN Kansas City
 c. LENGTH OF STAY (In this place) 12 days
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Trinity Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Moniteau
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tipton, Moniteau Cty., Mo.
 d. STREET ADDRESS (If rural, give location) 0680 X

3. NAME OF DECEASED
 a. (First) LETHA b. (Middle) E. c. (Last) FINLEY
 4. DATE OF DEATH (Month) 8 (Day) 18 (Year) 50

5. SEX Fe 6. COLOR OR RACE Wh 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
 8. DATE OF BIRTH 1-7-1867 9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
 10b. KIND OF BUSINESS OR INDUSTRY Own Home
 11. BIRTHPLACE (State or foreign country) Washington County, Va.
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Isaac Taylor 13b. MOTHER'S MAIDEN NAME Emiline Smith 14. NAME OF HUSBAND OR WIFE Ben C. Finley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) XX
 16. SOCIAL SECURITY NO. None
 17. INFORMANT'S SIGNATURE OR NAME Mrs. Gertrude Meyer, 5245 Euclid, KC ADDRESS

18. 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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac dilatation hypertrophy
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) old myocardial infarction & mural thrombosis
 DUE TO (c) Coronary Arteriosclerosis
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
 19a. DATE OF OPERATION
 19b. MAJOR FINDINGS OF OPERATION
 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [Signature], 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) Jack H. Hill M.D.
 23b. ADDRESS 3001 Wyandotte St. KCF, Mo.
 23c. DATE SIGNED 8/18/50

24a. BURIAL CREMATION (Specify) Burial
 24b. DATE 8-20-1950
 24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery
 24d. LOCATION (City, town, or county) (State) Tipton, Mo.

DATE REC'D BY LOCAL REG. 8-18-50
 REGISTRAR'S SIGNATURE [Signature]
 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS K 6 Mo

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

SEP 5 1957

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Alvin R. Havenschild*

Signed.....
Student Embalmer

Licensed Embalmer No. *4159*

P. O. Address *Kansas City*

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.