

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20453**
Registrar's No. **5248**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY OR TOWN St. Louis, Mo c. LENGTH OF STAY (In this place) 3		c. CITY OR TOWN ALTON	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 8
d. FULL NAME OF HOSPITAL OR INSTITUTION S.O.A. City Hospital		e. STREET ADDRESS (If rural, give location) 709 Liberty St	

3. NAME OF DECEASED (Type or Print) a. (First) Kenneth b. (Middle) M. c. (Last) Finley		4. DATE OF DEATH (Month) (Day) (Year) June 10-1964	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov. 15, 1913
9. AGE (In years last birthday) 40		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR-SALESMAN	11. BIRTHPLACE (City and State or Foreign Country) GRANT Co. MINNESOTA
12. CITIZEN OF WHAT COUNTRY? USA		13. KIND OF BUSINESS OR INDUSTRY GAS-OIL	

13a. FATHER'S NAME FRANK FINLEY		13b. MOTHER'S MAIDEN NAME OLGA GATEWELL		14. NAME OF HUSBAND OR WIFE EARLONE DULKE FINLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 344-07-4881		17. INFORMANT'S SIGNATURE OR NAME Dr. Earlene Finley ADDRESS ALTON, ILL.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation due to drowning when deceased was found ANTECEDENT CAUSES when deceased was found Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. river edge at 10200 River View Drive, about June 11, 1954		INTERVAL BETWEEN ONSET AND DEATH 7:42 pm	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death related to the disease or condition causing death. Cause and manner of same could not be determined			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Open Verdict		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ANATOMICAL SITE OF INJURY (Specify) Open Verdict		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? OOD E9298	

22. I hereby certify that I attended the deceased from 7, 1964 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1050 p.m., from the causes and on the date stated above. 12

23a. SIGNATURE Patrick L. Taylor Carver (Degree or title)		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6-11-64	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-12-64		24c. NAME OF CEMETERY OR CREMATORY Woodlawn	
24d. LOCATION (City, town, or county) (State) Joliet, ILLINOIS		25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith ADDRESS ALTON, ILL		DATE REC'D BY LOCAL REG. JUN 12 1954	

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

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.....
Signature of Student Embalmer

Signed *not Embalmed*
J. H. Berry

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.