

**R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-001538**

**FILED VS FEB 1 1960** 149

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

**305**

STATE FILE NUMBER

|  |  |  |  |
|--|--|--|--|
| <b>1. PLACE OF DEATH</b>   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) |  |
| a. COUNTY<br><b>JACKSON</b>  | a. STATE<br><b>KANSAS</b>  | b. COUNTY<br><b>Johnson</b>  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>KANSAS CITY MISSOURI</b>           | Length of stay in lb<br><b>32 days</b>   | c. CITY OR TOWN<br><b>GARDNER</b>  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><b>V A HOSPITAL</b> | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS<br>(If outside, give location)   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

|   |                       |   |   |  |
|---|-----------------------|---|---|--|
| <b>3. NAME OF DECEASED</b> (Type or print)  |                       |   | <b>4. DATE OF DEATH</b>   |  |
| First<br><b>CHARLES</b>   | Middle<br><b>AMOS</b> | Last<br><b>FINLEY</b>   | Month<br><b>January</b>   | Day<br><b>19,</b>  |
| <b>5. SEX</b><br><b>Male</b>  |                       | <b>6. COLOR OR RACE</b><br><b>White</b>                       | <b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | <b>8. DATE OF BIRTH</b><br><b>9-18-86</b>  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b> |                       | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>Farming</b>    | <b>9. AGE (last birthday)</b><br><b>73</b>  | <b>11. BIRTHPLACE</b> (City and state or country)<br><b>Perry Center, Kansas</b> |
| <b>13a. FATHER'S NAME</b><br><b>James Finley</b>  |                       | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Jeanette McClarren</b> | <b>12. CITIZEN OF WHAT COUNTRY</b><br><b>U.S.A.</b>   |  |

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| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes WWI</b> |  | <b>16. SOCIAL SECURITY NO.</b><br><b>UNKNOWN</b> | <b>17. INFORMANT</b><br><b>Mrs. Lillas Finley, Gardner, Kansas</b> |
| <b>14. NAME OF HUSBAND OR WIFE</b><br><b>Lillas Finley</b>  |  |  |  |

|   |  |                                  |
|---|--|----------------------------------|
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <b>Acute pulmonary edema</b>  |  |                                  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.                      | DUE TO (b) <b>Arteriosclerotic heart disease</b> |                                  |
| DUE TO (c) _____  |  |                                  |

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| <b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)<br><b>Pulmonary emphysema</b> | <b>PART III. If deceased was female was there a pregnancy in last 90 days.</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|--|---|

|  |  |   |
|--|--|---|
| <b>19. WAS AUTOPSY PERFORMED?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) |
| <b>20c. TIME OF INJURY</b><br>Hour _____<br>Month, Day, Year _____<br>a.m. _____<br>p.m. _____           | <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/><br>NOT WHILE AT WORK <input type="checkbox"/>               | <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)     |
| <b>20f. CITY, TOWN, OR LOCATION</b><br><b>VA</b>   |  | <b>COUNTY</b> _____ <b>STATE</b> _____  |

**21. I attended the deceased from** **December 18, 1959** to **January 19, 1960** ~~to~~  
Death occurred at **8:50 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| <b>22a. SIGNATURE</b><br><i>C. E. Andrews, M.D.</i> | <b>22b. ADDRESS</b><br><b>VA Hospital, Kansas City, Mo.</b> | <b>22c. DATE SIGNED</b><br><b>1-19-60</b> |
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|  |                                    |   |   |
|--|------------------------------------|---|---|
| <b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>REMOVAL</b> | <b>23b. DATE</b><br><b>1 19 60</b> | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br><b>GARDNER CEM</b> | <b>23d. LOCATION</b> (City, town, or county)<br><b>GARDNER KANSAS</b> |
|--|------------------------------------|---|---|

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|--|---|--|
| <b>24. FUNERAL DIRECTOR</b><br><b>D. W. NEWCOMER'S SONS K.C. MO.</b> | <b>25. DATE RECD. BY LOCAL REG.</b><br><b>1-19-60</b> | <b>26. REGISTRAR'S SIGNATURE</b><br><i>newe minshall</i> |
|--|---|--|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Raymond M. Hard

Licensed Embalmer No. 4913

P. O. Address Indy, Va

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.