No. 300
10.48

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

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8654

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 573

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 10 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 2500 Jackson Ave.

3368

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): L.
c. (Last): Farmer

4. DATE OF DEATH (Month) (Day) (Year): Feb. 4, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Aug. 5, 1889
9. AGE (In years last birthday): 60 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Operator
10b. KIND OF BUSINESS OR INDUSTRY: Gustin-Bacon
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Leonard Farmer
13b. MOTHER'S MAIDEN NAME: Nancy Jane Powell
14. NAME OF HUSBAND OR WIFE: Iris R. Farmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 513-10-6606
17. INFORMANT'S SIGNATURE OR NAME: Iris R. Farmer
ADDRESS: 2500 Jackson

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, asthenia, etc.—It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 12 Hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Posterior Coronary Thrombosis — 24 Hrs.

DUE TO (c) Duodenal Ulcer with Gastroenterostomy — 5 Days Post Oper.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

5400

19a. DATE OF OPERATION: Jan. 30, 1950
19b. MAJOR FINDINGS OF OPERATION: Pyloric Obstruction due to old healed ulcer
20. AUTOPSY? YES [X] 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) m.
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* Jan. 17 1950, *to* Feb. 4, 1950, *that I last saw the deceased alive on* Feb. 4, 1950, *and that death occurred at* 10:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Thos. C. Mc Hale (Degree or title): Thos. C. McHale M.D.
23b. ADDRESS: 4620 Indep. Ave.
23c. DATE SIGNED: 2/7/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Feb. 8, 1950
24c. NAME OF CEMETERY OR CREMATORY: Green Lawn
24d. LOCATION (City, town, or county) (State): Kansas City Mo.

DATE REC'D BY LOCAL REG.: 2-7-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Earp & Sons
ADDRESS: 4139 Truman Rd.

(Licensed Embalmer's Statement on Reverse Side)

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 James W. Earp

Licensed Embalmer No. 4692

P. O. Address K.C., Mo.

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.