No. 300
10.48

FILED DEC 15 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 37276

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5169

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

**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): 1 YEAR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3428 WYANDOTTE STREET

**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): 3428 WYANDOTTE STREET

2478
110

**3. NAME OF DECEASED** (Type or Print)
a. (First): MARY
b. (Middle): ANN
c. (Last): FARMER

**4. DATE OF DEATH** (Month) (Day) (Year): DEC-1-1951

**5. SEX**: FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED
**8. DATE OF BIRTH**: DEC-13-1865
**9. AGE** (In years last birthday): 86 85 — 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): AT HOME
**10b. KIND OF BUSINESS OR INDUSTRY**: -------
**11. BIRTHPLACE** (State or foreign country): CRITTENTON COUNTY KENTUCKY
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: FRANKLYN —
**13b. MOTHER'S MAIDEN NAME**: UNKNOWN
**14. NAME OF HUSBAND OR ~~WIFE~~**: SHERWOOD FARMER

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): NO
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME**: HENRY FARMER — ADDRESS: 3428 WYANDOTTE ST. KANSAS CITY MO.

**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): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Generalized Arteriosclerotic Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: Hypertension! — 42°

**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) 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, 1950, *to* 12-1-, 1951, *that I last saw the deceased alive on* 12-1-, 1951, *and that death occurred at* 8:30A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** ~~Otto W. Theel~~ (Degree or title): Otto W. Theel M.D.
**23b. ADDRESS**: 123 E. 39th KCMo
**23c. DATE SIGNED**: 12-1-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: DEC 3 1951
**24c. NAME OF CEMETERY OR ~~CREMATORY~~**: GREENLAWN CEMETERY
**24d. LOCATION** (City, town, or county) (State): KANSAS CITY MISSOURI

**DATE REC'D BY LOCAL REG.**: 12-3-51
**REGISTRAR'S SIGNATURE**: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE**: D. W. Newcomer's Sons — ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(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 Bernard L. Doran

Licensed Embalmer No. 4250

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.