

Phys. Health,  
c. & Welfare  
S. Public  
alth Service

FILED DEC 18 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44339  
STATE FILE NUMBER  
5647

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Independence</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Osteopathic Hosp.</b>		Length of stay in lb <b>4 days</b>	d. STREET ADDRESS (If outside, give location) <b>910 East College</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>ISAAC</b> Last <b>FARMER</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>26</b> Year <b>1957</b>	
--	--	--	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 10, 1889</b>	9. AGE (In years of last birthday) <b>68</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
-----------------------	----------------------------------	---	--	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retd - Stock Yd. Wrkr.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>K.G. Ordering &amp; Buy</b>	11. BIRTHPLACE (City and state or country) <b>Belton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	---	--

13a. FATHER'S NAME <b>Thomas F. Farmer</b>	13b. MOTHER'S MAIDEN NAME <b>Memerva Alice Hon</b>	14. NAME OF HUSBAND OR WIFE <b>Myrtle Edith Farmer</b>
---	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>	16. SOCIAL SECURITY NO. <b>486-01-0886</b>	17. INFORMANT <b>Junior G. Farmer, 1804 Overton, Indep, Mo.</b>	Address
---	---	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive abdominal + Retroperitoneal Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Rupture of Aneurysm of Abdominal Aorta</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	--

20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
--	--	------------------------------	--------	-------

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
---	--	------------------------------	--------	-------

21. I attended the deceased from 11-23-57 to 11-26-57 and last saw her alive on 11-26-57  
Death occurred at 9:22 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22. SIGNATURE <b>Fred J. Zammar</b> (Degree or title)	22b. ADDRESS <b>300 Liberty, Indep Mo</b>	22c. DATE SIGNED <b>11/27/57</b>
--	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 30, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>	23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>
--	-----------------------------------	--	---

24. FUNERAL DIRECTOR <b>George C. Carson, Independence, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>11-29-57</b>	26. REGISTRAR'S SIGNATURE <b>Iveva Minshall</b>
--	---------	---	--

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Fred J. Zammar

DEC 18 1957

*Dec 21 8 49 AM*

*Dec 21 8 49 AM*

KP  
2

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 *C. Ray Louderback*

Licensed Embalmer No. *5027*

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