

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018033

STATE FILE NUMBER 2233  
REGISTRAR'S NO.

FILED MAY 29 1959

Registration District No. 149 Primary Registration District No. 1002

300  
-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) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Lukes Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>229 Ward Parkway</b>	

3. NAME OF DECEASED (Type or print) <b>Virginia Wilson</b>			4. DATE OF DEATH <b>May 2 1959</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 24, 1911</b>	9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FOUNDERS OF FARRAR'S ON PLAZA</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>AXTELL, KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>HENRY H. FARRAR</b>	13b. MOTHER'S MAIDEN NAME <b>IVY RILEY</b>	14. NAME OF HUSBAND OR WIFE <b>Raymond Wilson</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown; if yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>338-09-9043</b>	17. INFORMANT <b>RAYMOND WILSON 220 WARD PARKWAY</b>	Address
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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>Carcinomatosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Granulosa Cell Tumor of the Ovary</b>		<b>2+ yrs.</b>
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1750</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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 <b>WASHINGTON</b>	COUNTY <b>WASHINGTON</b>	STATE <b>KANSAS</b>
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21. I attended the deceased from <b>January 1-50</b> to <b>May 2, 1959</b> and last saw her alive on <b>May 2nd 1959</b> . Death occurred at <b>10:30 pm Tuesday, May 2, 1959</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>Arnold V. Arms M.D.</b>	22b. ADDRESS <b>4635 Wyandotte T. City, Mo</b>	22c. DATE SIGNED <b>May 3, 1959</b>

23a. BURIAL, CREMATION, REMOVAL <b>REMOVAL</b>	23b. DATE <b>MAY 5, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>WASHINGTON, KANSAS</b>
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24. FUNERAL DIRECTOR <b>D.W. Newcomers Sons Kansas City, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>5-4-59</b>	26. REGISTRAR'S SIGNATURE <b>Ilva Marshall</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Arnold V. Arms

ALL INFORMATION IN PART I MUST BE CAUSALLY RELATED.

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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 *Marvin D. Preston* .....

Licensed Embalmer No. *5040* .....

P. O. Address *Kansas City* .....

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.