THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021342

STATE FILE NUMBER

FILED JUN 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2703

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes — Length of stay in 1b: 49 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City, — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3701 Broadway — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Lottar — Middle: — Last: Farrar
4. DATE OF DEATH: Month: May Day: 31, Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Oct. 20, 1876
9. AGE (In years last birthday): 82 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Mound City, Kansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: James Kincaid
13b. MOTHER'S MAIDEN NAME: Sarah Barnes
14. NAME OF HUSBAND OR WIFE: J. Walter Farrar
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.: None
17. INFORMANT: J. Walter Farrer — Address: 3701 Broadway, K. C., Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 da.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4260

19. WAS AUTOPSY PERFORMED? YES [✓] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1957 Nov. to May 31, '59 and last saw her alive on May 31 '59
Death occurred at 1.05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John B. Justus (Degree or title) MD
22b. ADDRESS: 4620 Nichols Pkwy K.C. Mo
22c. DATE SIGNED: 6-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-3-59
23c. NAME OF CEMETERY OR CREMATORY: Forest Hill Abbey
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Stine & McClure, Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 6-2-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

John B. Justus

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 William W. Turn

Licensed Embalmer No. 4648

P. O. Address Kansas City, M

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.