RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

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FILED VS FEB 15 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 570 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in Ib 42yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4237 TRACY — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 4237 TRACY — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First IRA Middle FARRELL Last
4. DATE OF DEATH Month JAN Day 29, Year 1960

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH JAN 1, 1892
9. AGE (last birthday) 68 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AGENT BURLINGTON R.R.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) CLARENCE MISSOURI
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME THEODORE FARRELL
13b. MOTHER'S MAIDEN NAME MARY PETTERS
14. NAME OF HUSBAND OR WIFE LAURA FARRELL

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. 707 09 2325
17. INFORMANT MARJORY FARRELL Address 4237 TRACY

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) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 3 mos +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Primary carcinoma of R. kidney — 8 mos +
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 6-15-59, to 1-29-60 and last saw her/him alive on 1-28-60
Death occurred at 9 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Neill Berry (Degree or title) MD
22b. ADDRESS 4706 Broadway
22c. DATE SIGNED 1-29-60

BY AFFIDAVIT OF Neill Berry

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 2 1 60
23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM
23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K.C. MO. ADDRESS
25. DATE RECD. BY LOCAL REG. 2-1-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Chester K Brown

Signature of Student Embalmer

Licensed Embalmer No. 493

P. O. Address 5 E M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.