URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-006264

FILED VS MAR 3 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 958 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 42 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 608 East 9th St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ARTHUR Middle: E. Last: FARNSWORTH, SR
4. DATE OF DEATH Month: 2 Day: 16 Year: 60
5. SEX: Ma
6. COLOR OR RACE: Wh
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-1-79
9. AGE (last birthday): 80
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): Ret. Printer
10b. KIND OF BUSINESS OR INDUSTRY: Printing
11. BIRTHPLACE (City and state or country): Ne Pontiac, Mich.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Berton F. Farnsworth
13b. MOTHER'S MAIDEN NAME: Augusta Bartlett
14. NAME OF HUSBAND OR WIFE: Catherine D. Farnsworth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: 495-38-5311
17. INFORMANT: Arthur E. Farnsworth, Jr. Address: 4020 N. Grand, K.C. North

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarction, Acute	12 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Acute Coronary Occlusion	13 days
DUE TO (c)	Coronary Sclerosis	4 yrs

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 13 March 56 to 16 Feb 60 and last saw him alive on 16 Feb 60
Death occurred at 12:01 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Glenn Elliott (Degree or Title) MD
22b. ADDRESS 1102 Grand KC 6 Mo
22c. DATE SIGNED 17 Feb 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-19-60
23c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery
23d. LOCATION (City, town, or county): Kansas City, (State): Mo.
24. FUNERAL DIRECTOR: Wagner Funeral Home ADDRESS: K 6 Mo.
25. DATE RECD. BY LOCAL REG.: 2-17-60
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF R. Glenn Elliott MEDICAL CERTIFICATION 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Alvin R. Haenschel

Signature of Student Embalmer

Licensed Embalmer No. 4159

P. O. Address Kansas Ci

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