

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015293

FILED VS MAY 16 1960 149

Registration District No. 1002 Primary Registration District No. 2326 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City, 26 yrs.</b>		Length of stay in lb	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hosp</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>514 E. 9th</b>
3. NAME OF DECEASED (Type or print) <b>Mae Louise Farley</b>		First Middle Last	4. DATE OF DEATH <b>4-25-60</b>
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>8-11-09</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	9. AGE (last birthday) <b>50</b>
13a. FATHER'S NAME <b>Andrew Jackson Hamilton</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Branham</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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>-</b>	14. NAME OF HUSBAND OR WIFE <b>Mark Farley</b>
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>Broncho pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>Cholecystomy</b> DUE TO (c) <b>Cholelithiasis</b>		17. INFORMANT <b>Mrs. Della McKinley, 2627 Pine, Mo.</b>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 <b>4-10-60</b> to <b>4-25-60</b> and last saw her alive on <b>4-25-60</b>		Death occurred at <b>10:45 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>H. L. Dwyer MD</b>		22b. ADDRESS <b>2400 Cherry</b>	22c. DATE SIGNED <b>4-26-60</b>
23. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23a. NAME OF CEMETERY OR CREMATORY	23c. LOCATION (City, town, or county) (State)
<b>General</b>	<b>4-27-60</b>	<b>Belton Cemetery</b>	<b>Belton Missouri</b>
25. DATE RECEIVED BY LOCAL REG. <b>4-26-60</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

H. L. Dwyer

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed

*B. E. Weibert*

Licensed Embalmer No. 4075

P. O. Address 208, M

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