

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4878**
444

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4723 Terrace		d. STREET ADDRESS (If rural, give location) 4723 Terrace	

3. NAME OF DECEASED (Type or Print) a. (First) Earl	b. (Middle) T.	c. (Last) FARRINGTON	4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 10, 1888	9. AGE (In years last birthday) MONTHS 60 37	IF UNDER 1 YEAR DAYS	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) Meat Inspector	10b. KIND OF BUSINESS OR INDUSTRY Government	11. BIRTHPLACE (State or foreign country) Sanator, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Farrington	13b. MOTHER'S MAIDEN NAME Anna M. Temple	14. NAME OF HUSBAND OR WIFE Agnes C. Farrington
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Agnes C. Farrington	ADDRESS 4723 Terrace
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as strangulation, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Sclerosis		

19a. DATE OF OPERATION 2-1-49	19b. MAJOR FINDINGS OF OPERATION History same in chest series	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4201	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 11:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE High H. Owens	(Degree or title) 3	23b. ADDRESS 1034 Pacific Bldg	23c. DATE SIGNED 1-29-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-1-49	24c. NAME OF CEMETERY OR CREMATORY Conception Abbey Cemetery	24d. LOCATION (City, town, or county) (State) Conception, Mo.
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DATE REC'D BY LOCAL REG. 1-31-49	REGISTRAR'S SIGNATURE Thalaine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	ADDRESS Kansas City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Elmer E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, Mo.

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 this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 487897
Local Registrar's No. 444

State of Missouri
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7th day of March, 1949, before me appears Agnes C. Farrington, who, upon her oath, states that the original record of ~~DEATH~~ death for Earl T. Farrington died January 29th, 1949, in the State of Missouri, and which was filed at Kansas City on Jan. 31, 1949, should be corrected as follows:

Item No. 8 should read April 10, 1889

Instead of April 10, 1888

Item No. 9 should read 59 years

Instead of 60 years

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Agnes C. Farrington widow
Agnes C. Farrington Relationship.

4723 Terrace, Kansas City, Missouri
Present Address.

Subscribed and sworn to before me this 7th day of March, 1949.

My Commission expires 2/27/50. R. M. Reilly Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

