

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35849

State File No. 4997

FILED NOV 2 - 1953

BIRTH NO. 70712

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002 Registrar's No. 4997

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 town) Kansas City		c. LENGTH OF STAY (In this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 5317 EAST 50 Hiway			

3. NAME OF DECEASED a. (First) Linda		b. (Middle) Lou		c. (Last) FARAGE		4. DATE OF DEATH (Month) (Day) (Year) Oct. 18, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 10-8-53		9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months 10	11. IF UNDER 24 hrs. Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Owen B. Farage		13b. MOTHER'S MAIDEN NAME Betty Lou Fox		14. NAME OF HUSBAND OR WIFE none			
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 Owen B. Farage		ADDRESS 5317 E. 50 Hiway, KC, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURE NEWBORN		DUPLICATE OF (b) Hemorrhagic disease of NB				10 days	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)				4 hrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						7635	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **10-8**, 19**53**, to **10-18**, 19**53**, that I last saw the deceased alive on **10-18**, 19**53**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Geo. W. Wise MD		23b. DATE 10-19-53		23c. NAME OF CEMETERY OR CREMATORY Forest Hill		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		23e. DATE SIGNED 10-19-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-20-53		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Melody-M. Gilley-Eylar	
DATE REC'D BY LOCAL REG. 10-19-53		REGISTRAR'S SIGNATURE Seraldine Smith		FUNERAL DIRECTOR'S SIGNATURE Melody-M. Gilley-Eylar		ADDRESS K.C. MO.			

(Licensed Embellisher's Statement on Reverse Side)

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

Dr. Wise
411 Michale Rd.

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

Melvin Barbeau

Licensed Embalmer No.

4903

P. O. Address

KE MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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