

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

18902
State File No. 2531

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 OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 24 YEARS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		e. STREET ADDRESS (If rural, give location) 317 WEST 13 th STREET	

3. NAME OF DECEASED (Type or Print) MYRTA CATHERINE FARRINGTON			4. DATE OF DEATH (Month) (Day) (Year) JUNE 3, 1954		
5. SEX 1 FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUGUST 31, 1892	9. AGE (In years last birthday) 71	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES LADY
10a.	10b. KIND OF BUSINESS OR INDUSTRY RETAIL CLOTHING	11. BIRTHPLACE (City and State or Foreign Country) ABINGDON, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME ALFONZO S. ELLSWORTH		13b. MOTHER'S MAIDEN NAME MARY ALICE LINCOLN SLATER		14. NAME OF HUSBAND OR WIFE WILLIAM FARRINGTON	
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. 488-22-2186		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MARIE CLEMMONS 1122 SOUTH 4 th INDEPENDENCE, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Embolism ANTECEDENT CAUSES (b) Sub acute Neurosyphilis (in m.o.) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Retroid Atori. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension			INTERVAL BETWEEN ONSET AND DEATH 331 X
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19a. DATE OF OPERATION NO		19b. MAJOR FINDINGS OF OPERATION NO		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No history available & accident		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) No history		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 3:50, 19 to 6-13, 1954, that I last saw the deceased alive on 6-3, 1954, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE W. A. Myers (Degree or title) W.A. Myers M.D.		23b. ADDRESS 1115 Grand Ave Kansas City, Mo.		23c. DATE SIGNED 6-5-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE JUNE 5, 1954		24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	
24d. LOCATION (City, town, or county) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE W.A. Newcomer		ADDRESS 1331 BRUSH CREEK BLVD. KANSAS CITY, MISSOURI	
DATE REC'D BY LOCAL REG. 6-5-54		REGISTRAR'S SIGNATURE Geraldine Smith			

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

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3915

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.....
Signature of Student Embalmer

Signed *Kellie Kessel*.....

Licensed Embalmer No. *469*

P. O. Address *M.C. W.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.