

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11898**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1691</u>	
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. LENGTH OF STAY (in this place) 26 yrs.		c. CITY OR TOWN Kansas City		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 Colonial N.H.-100 E. 36th				3. STREET ADDRESS (If rural, give location) 1122 East 4th St.			
3. NAME OF DECEASED (Type or Print) GRACE		a. (First) GRACE		b. (Middle) M		c. (Last) FARREN	
4. DATE OF DEATH April 14, 1955		4. DATE OF DEATH (Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Nov. 11, 1892		9. AGE (in years last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Saleslady		10b. KIND OF BUSINESS OR INDUSTRY Dept. Store		11. BIRTHPLACE (City and State or Foreign Country) Protection, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry McWherter		13b. MOTHER'S MAIDEN NAME Charlotte S. Smith		14. NAME OF HUSBAND OR WIFE Loren Farren			
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. 487-03-5720		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charlotte Land, 1122 E. 4th, K.C., 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) Adams Stokes syndrome ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) aortic regurgitation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH years(?) 4 1/2 "	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>1-19, 1955</u> , to <u>3-18, 1955</u> , that I last saw the deceased alive on <u>3-18, 1955</u> , and that death occurred at <u>7:05 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Michael Bernreiter M.D.				23b. ADDRESS 426 Professional Bldg		23c. DATE SIGNED 4-15-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-16-55		24c. NAME OF CEMETERY OR CREMATORY Greenlawn		24d. LOCATION (City, town, or County) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 4-16-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO.			

WRITE PLAINLY—USING INK—MAKE A PERMANENT RECORD
Michael Bernreiter

Mr. Michael Berner, etc. - Michael Berner

Prof. K. L. ...

425 863

De 7975

No 0266

after 1: P. M.

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

Eugene Berner

Licensed Embalmer No. 463

P. O. Address ...

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.