

FILED JUL 5 1956

STANDARD CERTIFICATE OF DEATH

State File No. 20485

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2587

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) Kansas City c. LENGTH OF STAY (In this place) 50 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 St. Lukes' Hospital		STREET ADDRESS (If rural, give location) 637 W. 57 Terrace 3848	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) R. c. (Last) Farney			4. DATE OF DEATH (Month) (Day) (Year) 6 18 1956		
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5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 9-4-1890		9. AGE (In years last birthday) 25		IF UNDER 1 YEAR Months 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) Director, Ohio Nat'l Life Ins. Co.				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Secor, Illinois				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME unknown				13b. MOTHER'S MAIDEN NAME unknown				14. NAME OF HUSBAND OR WIFE Lillian R. Farney			
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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. 268-10-5825				17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillian R. Farney, 637 W. 57th Terrace				ADDRESS			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pyelonephritis										INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
		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.										6 yrs	

19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				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 **Sept 12, 1955**, to **June 18, 1956**, that I last saw the deceased alive on **June 18, 1956**, and that death occurred at **8 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Harold W. Voth (Degree or title) M.D.				23b. ADDRESS 201 Plaza Med. Bldg. 315 Nichols Rd. Kansas City, Mo				23c. DATE SIGNED June 18 56			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 20, 1956		24c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri					
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DATE REC'D BY LOCAL REG. 6-19-56				REGISTRAR'S SIGNATURE Neva Marshall				25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO., 3235 Gillham Plaza				ADDRESS K. C. 9, 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.....
Signature of Student Embalmer

Signed *Elmo A. Triplett*.....

Licensed Embalmer No. *481*.....

P. O. Address *Kansas City*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.