

FILED APR 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7981
STATE FILE NUMBER
1281

Registration District No. 393 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Chay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS City North Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS City North 5078 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4607 EAST 38th St North Length of stay in 1b 40 yrs		d. STREET ADDRESS (If outside, give location) 4607 EAST 38th St. North Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First William Middle Stone Last FARNSWORTH			4. DATE OF DEATH Month March Day 18 Year 1957			
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 18, 1893	9. AGE (In years last birthday) 63	10. 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 - IMOS - OWNER		10b. KIND OF BUSINESS OR INDUSTRY ARMEMOTOR BROKERAGE		11. BIRTHPLACE (City and state or country) LATOUR MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ISAAC G. FARNSWORTH			14. MOTHER'S MAIDEN NAME EDNA FRANCES DAVIS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 497-36-4955		17. INFORMANT Address 4607 E 38th St. N.C. North MRS GERTRUDE FARNSWORTH		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Gen. Atherosclerosis	10-12 yrs
	DUE TO (c) Hypertensive Cardiac vascular disease	10-12 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes mellitus		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION KANSAS CITY MISSOURI	COUNTY	STATE
21. I attended the deceased from Dec 20 1956 Mar 18 1957 and last saw him alive on Mar 18 57 Death occurred at 6:30p. m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE E. J. Mc Cormick MD (Degree or title)		22b. ADDRESS 4030 N Oak KC 16 Mo	22c. DATE SIGNED 3/19/57	

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAR 21 1957	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWSOMER SONS ADDRESS 133 K.C. Mo. Brush Creek Plw		25. DATE RECD. BY LOCAL REG. 3 19 57	26. REGISTRAR'S SIGNATURE new mindall

(Licensed Embalmer's Statement on Reverse Side)

100-56
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
J. E. Mc Cormick

MEDICAL CERTIFICATION

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 *Robert Ray*

Licensed Embalmer No. *41*

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