

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 0 2 1 0 5 2  
State File No. 2592

FILED JUN 19 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a- STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (If in this place) <u>1 Day</u>		c. CITY OR TOWN <u>Holden</u>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u>				e. STREET ADDRESS (If rural, give location) <u>R.R. #1 Box 52</u>					
3. NAME OF DECEASED (First) <u>BEN</u> (Type or Print)			b. (Middle) <u>HARRISON</u>		c. (Last) <u>FARNSWORTH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 2 1957</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 4, 1889</u>		9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Quincy Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert A. Farnsworth</u>				13b. MOTHER'S MAIDEN NAME <u>May D. Snell</u>				14. NAME OF HUSBAND OR WIFE <u>Jimmie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>493-38-4151</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Farnsworth, Holden Mo.</u> ADDRESS _____				
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cent. Myocardial Infarction</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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>6/1</u> , 19 <u>57</u> , to <u>6/2</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>6/2</u> , 19 <u>57</u> , and that death occurred at <u>9:15 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>K. J. Farnsworth M.D.</u>				23b. ADDRESS <u>1103 Grand K.C. MO</u>				23c. DATE SIGNED <u>6/2/57</u>	
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <u>1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Farnsworth Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Holden, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-2-57</u>		REGISTRAR'S SIGNATURE <u>Bevera Marshall</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Canaday &amp; Kopp</u> ADDRESS <u>Holden Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
J. J. Farnsworth

JUN 19 1957

APR 29 1958



**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 *W. J. Quaday*.....

Licensed Embalmer No. *243*.....

P. O. Address *Holden*.....

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.