

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032655

STATE FILE NUMBER

4258

FILED SEP 24 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	3. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1420 Woodmeadow Rd</i>		Length of stay in lb <i>41 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>2214 Pendleton</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>ALFRED PORTER FARRIS</i>			4. DATE OF DEATH Month Day Year <i>9-4-1958</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-16-1901</i>	9. AGE (In years last birthday) <i>57</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <i>Deck Worker</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Tractor Trucking Co.</i>	11. BIRTHPLACE (City and state or country) <i>Kabool, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>James Edward Farris</i>	13b. MOTHER'S MAIDEN NAME <i>Orucella Bradshaw</i>	14. NAME OF HUSBAND OR WIFE <i>Georgia M. Farris</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>487-10-1281</i>	17. INFORMANT <i>Georgia M. Farris</i> Address <i>KC MO</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Crushing Churns of Skull</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8:00 25</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <i>Run over by truck</i>
20c. TIME OF INJURY Hour Month, Day, Year <i>1:40 a.m. 9-4-58</i>	

20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (Specify home, farm, factory, street, office, etc.) <i>Truck Lot</i>	20f. CITY, TOWN, OR LOCATION <i>Kansas City</i>	COUNTY <i>Jackson</i>	STATE <i>MO</i>
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Dr. Keal for the County Coroner</i>	22b. ADDRESS <i>6627 Prospect Ave</i>	22c. DATE SIGNED <i>9-5-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>9-5-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Brookings Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>
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24. FUNERAL DIRECTOR <i>Kasuntino Bros KC Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>9-6-58</i>	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Geo. C. Keal, M.D.

222-1506
22

SEP 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 *Leonard Pasantino*

Licensed Embalmer No. *4554*

P. O. Address *KC 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.