

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021341

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2684

FILED JUN 17 1959

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, give TOWNSHIP only) OR KANSAS CITY TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY, MO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION GENERAL HOSPITAL		Length <u>60 yrs</u> <u>62 Days</u>	d. STREET ADDRESS (If outside, give location) 7431 BROADWAY Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First John Middle H. Last Farmer			4. DATE OF DEATH Month 5 Day 29 Year 59			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 11, 1872	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (City and state or country) Platte City, Missouri		
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Harrison G. Farmer		13b. MOTHER'S MAIDEN NAME Mary Herndon		
14. NAME OF HUSBAND OR WIFE Florence M. Farmer		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. 493-34-8726		
17. INFORMANT Harrel Farmer		Address 1514 Poplar				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho- Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Congestive Heart Failure		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4341		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <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 Platte City, Missouri
21. I attended the deceased from <u>3-28-59</u> to <u>5-29-59</u> and last saw ^{the} him alive on <u>5-29-59</u> Death occurred at <u>10:20 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>Abraham Gelpin</i> (Degree or title)	22b. ADDRESS 2400 Cherry- General Hospital	22c. DATE SIGNED 5-29-59
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE June 1, 1959	23c. NAME OF CEMETERY OR CREMATORY Platte City Cemetery
23d. LOCATION (City, town, or county) Platte City, Missouri		(State)

24. FUNERAL DIRECTOR Earp & Sons 4707 Truman Rd. K. C. Mo.	25. DATE RECD. BY LOCAL REG. 6-1-59	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>
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All diseases in Part I must be causally related.

Abraham Gelpin M. D.

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *William J. Eary*

Licensed Embalmer No. *4728*
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.