

FEDERAL BUREAU OF INVESTIGATION  
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1959

59-040041

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5282

|   |  |   |  |   |   |  |   |  |  |   |  |                |  |
|---|--|---|--|---|---|--|---|--|--|---|--|----------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jacksn</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>New York</b> COUNTY <b>Kings</b>                       |   |  |   |  |  |   |  |                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |  | Length of stay in 1b<br><b>1 day</b>  |  | c. CITY OR TOWN <b>Brooklyn</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |  |   |  |                |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>General Hospital</b>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>     |   | d. STREET ADDRESS (If outside, give location)<br><b>166 6th. Ave.</b> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |   |  |                |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>IRENE</b> Middle <b>-</b> Last <b>FARR</b>  |  |   |  | 4. DATE OF DEATH<br>Month <b>11</b> Day <b>1</b> Year <b>1959</b>   |   |  |   |  |  |   |  |                |  |
| 5. SEX<br><b>Female</b>   |  | 6. COLOR OR RACE<br><b>White</b>  |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>3-27-08</b>   |   | 9. AGE (last birthday)<br><b>51</b>  |  | IF UNDER 1 YEAR<br>Months Days Hours Min. |  | IF UNDER 24 HR |  |
| 10a. USUAL OCCUPATION (Give kind of work done during life, even if retired)<br><b>Housewife</b>   |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>  |   | 11. BIRTHPLACE (City and state or country)<br><b>Albany, New York</b>                |   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |   |  |                |  |
| 13a. FATHER'S NAME<br><b>"unknown"</b>  |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><b>"unknown"</b>   |   |  |   | 14. NAME OF HUSBAND OR WIFE<br><b>"unknown"</b>  |  |   |  |                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no or unknown) <b>No</b>   |  |   | 16. SOCIAL SECURITY NO.<br><b>"unknown"</b>  |   | 17. INFORMANT Address<br><b>Mr. Robert Maito: 9701 Kennelly Lane</b>  |  |   |  |  |   |  |                |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Hepatic coma</b><br>DUE TO (b) <b>Severe fatty liver</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |  |   |   |  |   |  |  |   |  |                |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>broncho pneumonia</b>   |  |   |  |   |   |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |  |                |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" 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<br>Hour, a.m. p.m.  |  | Month, Day, Year  |  |   |   |  |   |  |  |   |  |                |  |
| 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   |   | COUNTY   |  | STATE                                     |  |                |  |
| 21. I attended the deceased from <b>12:50am 11-1-59</b> to <b>5:50pm 11-1-59</b> and last saw her/him alive on <b>11-1-59</b><br>Death occurred at <b>5:50</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |   |   |  |   |  |  |   |  |                |  |
| 22a. SIGNATURE<br><i>H.L. Dwyer</i> (Degree or title)   |  |   |  |   | 22b. ADDRESS<br><b>2400 Cherry St. K.C., MO.</b>                      |  |   |  |  | 22c. DATE SIGNED<br><b>11-3-59</b>        |  |                |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  |   | 23b. DATE<br><b>11-3-59</b>  |   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Evergreen Cemetery</b>       |  |   | 23d. LOCATION (City, town, or county) (State)<br><b>Los Angeles, California</b>  |  |   |  |                |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>WEILERT FUNERAL HOMES(S) K.C., MO.</b>   |  |   |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>11-3-59</b>                        |  | 26. REGISTRAR'S SIGNATURE<br><i>Neil Marshall</i>                                     |  |  |   |  |                |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Jack T Moore*

Licensed Embalmer No. 4729

P. O. Address Remond City

- Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.