

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-008761

AMENDED Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1389 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED APR 6 1961

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 65 yrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp. Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY Jackson
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1244 W. 72nd Terrace Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Emma Middle C. Last Farman 4. DATE OF DEATH Month March Day 15 Year 1961
 5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH June 10, 1870 9. AGE (last birthday) 90 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HR Hours 0 Min. 0
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) Kearney, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME William Ingraham 13b. MOTHER'S MAIDEN NAME Margaret Burdett 14. NAME OF HUSBAND OR WIFE Harry Joseph Farman
 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. None 17. INFORMANT Address K/C., Mo.
Mrs. Leland L. Davis, 1244 W. 72nd Terrace

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Myocarditis
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. None
 DUE TO (b) arteriosclerosis
 DUE TO (c) hip fracture
 INTERVAL BETWEEN ONSET AND DEATH 5 1/2 hrs.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) left hip fracture
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour 10 am Month, Day, Year 3-11-61

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 19 59 to _____ and last saw her alive on 3-15-61.
 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) Mrs. Casebolt 22b. ADDRESS 4000 Baltimore 22c. DATE SIGNED 3/16/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-18-61 23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah 23d. LOCATION (City, town, or county) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo. 25. DATE RECD. BY LOCAL REG. 3-18-61 26. REGISTRAR'S SIGNATURE Ruth Long

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 Eugene L. Kemmer

Licensed Embalmer No. 4633

P. O. Address Kansas City

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.