SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-021356
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3057

FILED JUL 5 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: 45 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Norwood Nursing Home. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson.
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 812 Benton Blvd. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First RAY — Middle — Last MC FARLAND
4. DATE OF DEATH: Month 6 Day 18 Year 61
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-17-97
9. AGE (last birthday): 64 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): car oiler
10b. KIND OF BUSINESS OR INDUSTRY: U.P. Railroad
11. BIRTHPLACE (City and state or country): near Neosho Kansas.
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW 2 Army
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Rex Parr, Atty, & Exec. Address: 916 Walnut KCMo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Atherosclerosis
DUE TO (c) Diabetes Mellitus
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Parkinson Disease. Senility
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 a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE
21. I attended the deceased from 12-14-60, to 6-18-61 and last saw ~~her~~ him alive on 6-14-61
Death occurred at 2:10 Pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE J. M. Haight (Degree or title) M.D.
22b. ADDRESS 3401 E 12th KC Mo
22c. DATE SIGNED 6-19-61

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 6-18-61
23c. NAME OF CEMETERY OR CREMATORY: Thayer Kans Cem.
23d. LOCATION (City, town, or county): Thayer (State): Kansas.
24. FUNERAL DIRECTOR: Warnick-Eads Funeral Home. ADDRESS: KCK.
25. DATE RECD. BY LOCAL REG.: 6-19-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF J. M. Haight

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | DOCUMENT

JUL 5 1961

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 John W Heldenfinger

Licensed Embalmer No. 5658

P. O. Address Kansas City, Kan

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.