

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000749

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 24

STATE FILE NUMBER

FILED FEB 5 1962

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 9 yrs	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5704 No Woodland		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5704 No Woodland Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARTHA Middle JANE Last FARRIS			4. DATE OF DEATH Month 1 Day 29 Year 62		
5. SEX Fem	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-13-1927	9. AGE (last birthday) 34	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) Granite City, Ill		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME George Olen Harmon		13b. MOTHER'S MAIDEN NAME Mary Mae Taylor		14. NAME OF HUSBAND OR WIFE William H Farris, Sr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT William H Farris Sr. 5704 No Woodland Address	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain tumor - probable pinealoma		INTERVAL BETWEEN ONSET AND DEATH 15 mo
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ 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 Kansas City, Mo.	COUNTY _____ STATE _____
21. I attended the deceased from 10/1/60 to 1/29/62 and last saw her live on Jan 24, 1962 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			

22. SIGNATURE (Degree or title) E. G. Ketting M.D.		22b. ADDRESS Kansas City, Mo.	22c. DATE SIGNED 1/29/62 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/1/62	23c. NAME OF CEMETERY OR CREMATORY White Chapel Mem. Gar.	23d. LOCATION (City, town, or county) Kansas City, Mo.
24. FUNERAL DIRECTOR Sheil Funeral Home, K. C. Mo.		25. DATE RECD. BY LOCAL REG. 1-29-62	26. REGISTRAR'S SIGNATURE Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
AMENDED
ITEM NO.
SHOULD READ
BY AFFIDAVIT OF
DOCUMENT
MEDICAL CERTIFICATION

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

Thomas A. Shil

Licensed Embalmer No. 4954

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.