

FILED JUN 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15282

State File No.

Registrar's No. 66

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5-289

24

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Gallatin)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Gallatin)</u>	
c. LENGTH OF STAY (in this place) <u>20 yr</u>		d. STREET ADDRESS (If rural, give location) <u>North Kansas City Rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Kansas City R5</u>			

3. NAME OF DECEASED a. (First) <u>GEORGE</u> b. (Middle) <u>William</u> c. (Last) <u>DARNELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 27-49</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 7-1872</u>	9. AGE (In years last birthday) <u>76</u>	10. MONTHS <u>5</u>	11. DAYS <u>20</u>	12. HOURS <u></u>	13. MINUTES <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mill worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Flour mill</u>	11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Allen Darnell</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Mich</u>	14. NAME OF HUSBAND OR WIFE <u>Maggie Bell Darnell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>William Darnell</u>	ADDRESS <u>N.K.C. R5 mo</u>
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18. DATE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>7 months</u> <u>10-15 yrs</u> <u>200X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture left foot</u> DUE TO (c) <u>Diabetes mellitus</u>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-26, 1949, to 5-27, 1949, that I last saw the deceased alive on 5-27, 1949 and that death occurred at 7 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>2025 Smith N.K.C. Mo</u>	23c. DATE SIGNED <u>5-28-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 29-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Providence</u>	24d. LOCATION (City, town, or county) (State) <u>Platte Co. Mo.</u>
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DATE REC'D BY LOCAL REG <u>May 29-1949</u>	REGISTRAR'S SIGNATURE <u>Beulah Kitchen</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Church-Crown Co. Liberty Mo</u>
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MAY 31 REC'D

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-31-49

EX-101
6-NDP

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.

Signed.....

John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty mo.

Signed.....
Student Embalmer

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 this body is not embalmed, fact should be so stated above.