

FILED SEP 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30359

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3900

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. LENGTH OF STAY (In this place) unknown

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. STREET ADDRESS (If rural, give location) 548 Main

3. NAME OF DECEASED

a. (First) Murray b. (Middle) Darling c. (Last) Darling

4. DATE OF DEATH (Month) 9 (Day) 10 (Year) 50

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Single

8. DATE OF BIRTH unknown

9. AGE (In years last birthday) 76

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

11. BIRTHPLACE (State or foreign country) Buffalo N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME unknown

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME William Morehead

ADDRESS K.C. Har

18. CAUSE 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral stenosis with cardiac decompensation

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 410X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 9, 1950, to Sept. 10, 1950, that I last saw the deceased alive on Sept. 10, 1950 and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title)

23b. ADDRESS 24th & Cherry

23c. DATE SIGNED 9-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/13

24c. NAME OF CEMETERY OR CREMATORY Greenwood

24d. LOCATION (City, town, or county) (State) K.C. Mo

DATE REC'D BY LOCAL REG. 9-13-50

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS K.C.

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

Dr. J. Russell

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Peter H. Ferguson

Signed.....

Student Embalmer

Licensed Embalmer No. *4273*

P. O. Address *KC 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 this body is not embalmed, fact should be so stated above.