

FILED JUN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16408

State File No.

2298

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1602</u>		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		a. STATE Missouri		b. COUNTY Jackson	
c. LENGTH OF STAY (In this place) 25 YRS		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 3300 Gillham Rd.			
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) William		b. (Middle) C.		c. (Last) Darrow		Date: (Month) (Day) (Year) 5 18 52	
5. SEX M.		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3		8. DATE OF BIRTH 11-4-1884	
9. AGE (In years last birthday) 67		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER + MANAGER		10b. KIND OF BUSINESS OR INDUSTRY DARROW CHEM. Co		11. BIRTHPLACE (State or foreign country) IL. I	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME EMIL DARROW		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE LILLIE E. DARROW	
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. 491-20-7794		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LILLIE E. DARROW 3117 PASADENA K.C. MO.			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) primary site unknown 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 163X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 17</u> , 19 <u>52</u> , to <u>May 18</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May 18</u> , 19 <u>52</u> , and that death occurred at <u>11:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE B. I. Burns (Degree or title)				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 5-19-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5-21-52		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) IL. I	
DATE REC'D BY LOCAL REG. 5-20-52		REGISTRAR'S SIGNATURE Deraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ME/Body - M^{rs} G. H. EYAR		ADDRESS K.C. MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

W. H. Haggan

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
Student Embalmer

Signed *Adrian Jay Shell* _____

Licensed Embalmer No. *4882*

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