

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7285**
Registrar's No. **278**

FILED MAR 21 1955

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION D O A St. Joseph's Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) ROBERT DONALD DARR		e. STREET ADDRESS (If rural, give location) 2605 South 12th Street	

4. DATE OF DEATH (Month) (Day) (Year) March 7 1955	5. SEX 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 14, 1940	9. AGE (In years last birthday) 14	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY Grade School		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph Missouri		12. CITIZEN OF WHAT COUNTRY? U S A				

13a. FATHER'S NAME Claude E. Darr	13b. MOTHER'S MAIDEN NAME Maxine J. Smith	14. NAME OF HUSBAND OR WIFE None
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. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Claude E. Darr
		ADDRESS St. Joseph Mo.

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Broncho-pneumonia		1 day
	ANTECEDENT CAUSES DUE TO (b) Influenza		6 days
DUE TO (c) Boy has apparently been ill with the "flu" since Mar 1, st. 1955. His condition became worse and ambulance was called and took boy to hospital. Died at D.O.A.		480 x	18. AUPOSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., residence, home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 ~~examined~~ the deceased ~~born~~ **3/7**, 19**55**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:52** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy (Coroner) M.D.	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 3/7/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 10, 1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery
DATE REC'D BY LOCAL REG. March 18, 1955		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
REGISTRAR'S SIGNATURE Catharine M. Allison	485	25. GENERAL DIRECTOR'S SIGNATURE Thomas Samuel Stone
		ADDRESS St. Joseph, Mo.

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

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. *Charles E. Bennett*

Licensed Embalmer No. *467*

P. O. Address *St. Joseph*

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.