

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025436
STATE FILE NUMBER
REGISTRAR'S NO. 3529

FILED AUG 8 1958 Registration District No. 149 Primary Registration District No. 1002

| | | | |
|--|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 402 WEST 12TH ST. TERR | | d. STREET ADDRESS (If outside, give location) 402 WEST 12TH ST. TERR | |
| 3. NAME OF DECEASED (Type or print) First Middle Last MILDRED F. DARR | | 4. DATE OF DEATH Month Day Year JULY 20 1958 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH JULY 12 1889 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS. Hours Min. |
| 11. BIRTHPLACE (City and state or country) NEAR UNIONVILLE MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME TOM NORTON | | 13b. MOTHER'S MAIDEN NAME APPELINA KNOWLES | |
| 14. NAME OF HUSBAND OR WIFE FRANK DARR | | 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 Address MRS. VIOLET STEWART 8732 MICHIGAN BLDG. CHICAGO ILLINOIS | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease | | | INTERVAL BETWEEN ONSET AND DEATH 4200 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 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 <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 COUNTY STATE | |
| 21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 10:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner | | 22b. ADDRESS 1034 Quail Blvd | |
| 22c. DATE SIGNED 7-21-58 | | 23. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY | |
| 23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE JULY 23 1958 | |
| 23c. LOCATION (City, town, or county) KANSAS CITY | | 23d. STATE MISSOURI | |
| 24. FUNERAL DIRECTOR D.W. NEW COMERS SONS | | 25. DATE RECD. BY LOCAL REG. 7-21-58 | |
| 26. REGISTRAR'S SIGNATURE neva mirrhall | | ADDRESS 1331 BAUSH CREEK KANSAS CITY MO. | |

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Hugh H. Owens



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 *Robert Kay*

Licensed Embalmer No. *4182*
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.