

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 26 1960

=60-026799

INDEXED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3532 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>60 YEARS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1228 Washington</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Charles A. Darr 4. DATE OF DEATH Month 7 Day 5 Year 60

5. SEX male 6. COLOR OF RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH OCT. 11, 1885 9. AGE (last birthday) 74

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - PLUMBER 10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN, ILLINOIS 11. BIRTHPLACE (City and state or country) UNKNOWN, ILLINOIS 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME MATTHEW D. DARR 13b. MOTHER'S MAIDEN NAME OLIVE M. DERBY 14. NAME OF HUSBAND OR WIFE -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. 499-03-2599 17. INFORMANT MRS. MURIEL LUTZ Address 3835 MAIN STREET KANSAS CITY, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)? PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Aspiration type pneumonia
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral thrombosis PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour _____ Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 6/27/60 to 7/5/60 and last saw him alive on 7/5/60. Death occurred at 9:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. L. Dwyer (Degree or title) 22b. ADDRESS 2400 Perry, City 22c. DATE SIGNED 7/5/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE JULY 7, 1960 23c. NAME OF CEMETERY MEMORIAL PARK CEMETERY 23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO. 25. DATE RECD. BY LOCAL REG. 7-7-60 26. REGISTRAR'S SIGNATURE Neva Minshall

DOCUMENT

MEDICAL CERTIFICATION

H. L. Dwyer

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Basil J. Honey

Licensed Embalmer No. 4724

P. O. Address A. C. 307

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.