No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5862

FILED MAR 13 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1105

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, Mo
c. LENGTH OF STAY (In this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wheatland, Center T, 34
d. STREET ADDRESS (If rural, give location): 7 Miles S.E. Wheatland

3. NAME OF DECEASED (Type or Print)
a. (First): Clyde
b. (Middle): Edwin
(Last): Darman

4. DATE OF DEATH (Month) (Day) (Year): 2-21-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 8-28-1890
9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months —; Days —
IF UNDER 24 HRS.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Stock Farmer
11. BIRTHPLACE (State or foreign country): Hermitage, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Olinger L. Darman
13b. MOTHER'S MAIDEN NAME: Nancy E. Hargiss
14. NAME OF HUSBAND OR WIFE: Nannie B. Darman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 496-03-7096
17. INFORMANT'S SIGNATURE OR NAME: Everett Darman
ADDRESS: 3711 E 72nd St

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Regional Ileitis
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Peritonitis & Ileus
DUE TO (c) Hypostatic pneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
5720

19a. DATE OF OPERATION: 2/7/53
19b. MAJOR FINDINGS OF OPERATION: Regional ileitis terminal ileum
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* 2-7, 1953, *to* 2-21, 1953, *that I last saw the deceased alive on* 2-20, 1953, *and that death occurred at* 2:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J.G. Montgomery M.D.
23b. ADDRESS: Profes Bldg
23c. DATE SIGNED: 2/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-23-53
24c. NAME OF CEMETERY OR CREMATORY: Hermitage Mo
24d. LOCATION (City, town, or county) (State): Hermitage Mo

DATE REC'D BY LOCAL REG.: 2-22-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: France-Wornall-Funeral Home
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

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 Russell N. France

Licensed Embalmer No. 4255

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.