

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4794**  
Registrar's No. **498**

FILED FEB 18 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY OR TOWN <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>11 YEARS</b>	c. CITY OR TOWN <b>KANSAS CITY</b> <b>3148</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>14 SCHUYLER HOTEL 1017 AUGUST STREET</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>ALBERT</b> c. (Last) <b>DARY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 29, 1954</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED 2</b>	8. DATE OF BIRTH <b>FEB. 8, 1889</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SCHUYLER HOTEL</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>HOPE, KANSAS</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>GILBERT DARY</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH RUSSELL</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. MAY DARY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>511-16-2843</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. L.P. BLACKLEY, 3945 NORTH JACKSON, KANSAS CITY, NORTH</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Rectum with distant metastases</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Bronchopneumonia</b> 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 <b>154 X</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Angelo Lapi</b> (Degree or title) <b>autopsy</b>			23b. ADDRESS <b>101 Memorial Drive</b>		23c. DATE SIGNED <b>1/30/54</b>
24a. BURIAL CREMATION/REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB. 1, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HARTFORD CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>HARTFORD KANSAS</b>
DATE REC'D BY LOCAL REG. <b>2-1-54</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H. W. ROOSEVELT CO. 73 CAUSEWAY BLDG. KANSAS CITY, MISSOURI</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

city Hall

1911 FEB 10 10 30 AM

**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 Clare V. Carr

Licensed Embalmer No. 49304

P. O. Address K. C. 10, 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.