

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH30538
State File No. 4263
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		a. STATE Missouri		b. COUNTY Jackson	
c. LENGTH OF STAY (in this place) 33 years		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				No. STREET ADDRESS (If rural, give location) 5852 E. 10			
3. NAME OF DECEASED (Type or Print)		a. (First) Eugene		b. (Middle)		c. (Last) Darst	
4. DATE OF DEATH		(Month) 9		(Day) 6		(Year) 1954	
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 27, 1900	
9. AGE (In years last birthday) 54		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) Molder		10b. KIND OF BUSINESS OR INDUSTRY Foundry		11. BIRTHPLACE (City and State or Foreign Country) Geuda Springs, KANSAS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Darst		13b. MOTHER'S MAIDEN NAME Alma A. Halverstadt		14. NAME OF HUSBAND OR WIFE Daisy Pearl Darst			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 1920 to 1922		16. SOCIAL SECURITY NO. 495-03-9945		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Daisy Pearl Darst, Kansas City, 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) Carcinoma of lung					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (m.m.o.)					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				163h	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <u>Aug. 4</u> , 19 <u>54</u> , to <u>Sept. 6</u> , 19 <u>54</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>Sept. 6</u> , 19 <u>54</u> , and that death occurred at <u>4:55P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE B. I. Burns (Degree or title)				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 9-7-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-8-1954		24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEM.		24d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo.	
DATE REC'D BY LOCAL REG. 9-7-54		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Carson Indep. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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..... *Tom D. Marble*

Licensed Embalmer No. *45*

P. O. Address *Indep.*

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.