

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017443

STATE FILE NUMBER

FILED JUN 8 1959

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 102

300
-57

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>GRUNDY</u>		
b. CITY OR TOWN <u>TRENTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>TRENTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cullers Hosp 2 wks</u>		Length of stay in lb <u>2 wks</u>	d. STREET ADDRESS <u>408 E 12th St</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Jennie Alice DARR</u>			4. DATE OF DEATH Month Day Year <u>May 30 1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 31, 1896</u>		9. AGE (In years (birthday) MONTHS DAYS HOURS MIN. <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Household</u>	11. BIRTHPLACE (City and state or country) <u>Grundy Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Festus Amick</u>		13b. MOTHER'S MAIDEN NAME <u>MARY JANE CRAWFORD</u>		14. NAME OF HUSBAND OR WIFE <u>DAN BARR</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not or unknown) (If yes, give year or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>MRS. OPAL MOSCA TRENTON MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Stomach</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>151X</u>					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 WORK <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 <u>Sept 1957</u> to <u>May 30 59</u> and last saw her alive on <u>July 30 19</u> Death occurred at <u>6:30 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Ef McCain MD</u> (Degree or title)			22b. ADDRESS <u>Trenton Mo</u>		22c. DATE SIGNED <u>5/31/59</u>
23a. BURIAL, CREMATION OR ROYAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
<u>BURIAL</u>		<u>June 4, 1959</u>		<u>Tolle Cemetery</u>	
24. FUNERAL DIRECTOR <u>D. Gordon Blackburn</u> ADDRESS <u>Trenton</u>			25. DATE RECD. BY LOCAL REG. <u>6/4/59</u>		26. REGISTRAR'S SIGNATURE <u>Jeanne Jaur</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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Mails

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 *Claude H. Crandall Jr.*

Licensed Embalmer No. *4986*
P. O. Address *Trenton, 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.