

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015239

FILED VS. MAY 16 1960 149

Primary Registration District No. 1002 Registrar's No. 2180

STATE FILE NUMBER

6-10-60

blank  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF coroner  
Hugh Owens  
20a-f (information as added)

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> COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Length of stay in 1b <b>30 years</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>915 Pennsylvania</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Flora Darnell</b>				4. DATE OF DEATH Month <b>April</b> Day <b>16</b> , Year <b>1960</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-18-1895</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Wentworth, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Joe Harmon</b>			13b. MOTHER'S MAIDEN NAME <b>Lynnie Hill</b>			14. NAME OF HUSBAND OR WIFE <b>Charles Darnell</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>512-20-9062</b>		17. INFORMANT <b>2701 Steele Rd. K.C. Kansas</b> <b>Mrs. Margaret Linton (Daughter)</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b><del>Possible</del> rat poisoning</b>							INTERVAL BETWEEN ONSET AND DEATH
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) <b>Chemistry (Landing)</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Apparently took rat poisoning</b>					
20c. TIME OF INJURY <b>10:30</b>	Hour <b>a.m.</b> <b>4-16-60</b>	Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>915 Penn</b>		20f. CITY, TOWN, OR LOCATION <b>Kansas City</b>		COUNTY STATE <b>Jackson Mo.</b>	
21. I attended the deceased from <b>4-16-60</b> to <b>4-16-60</b> and last saw her/him alive on <b>4-16-60</b>				Death occurred at <b>5:58</b> p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Hugh Owens</b>			22b. ADDRESS <b>1039 Shatto Blvd 2100 Cherry, Kansas City, Mo.</b>			22c. DATE SIGNED <b>4-19-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4-19-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Chapel Hill Mem. Gardens</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>			
24. FUNERAL DIRECTOR <b>Simmons Funeral Home</b>			ADDRESS <b>K.C. Kansas</b>	25. DATE RECD. BY LOCAL REG. <b>4-19-60</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		

**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

*Ronald H. Simmon*

Licensed Embalmer No.

*5084*

P. O. Address

*K. C. Kansas*

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.