S. No. 2
M—5-43
. 5-17-39
I X36671

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

365

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 26 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37780

Registration District No. 226 Primary Registration District No. 5799 Registrar's No. 46

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town RURAL – MARION TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D., MADISON, MO. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 67

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. MADISON 0
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME STANLEY DARST.

3. (b) If veteran, name war ✓

3. (c) Social Security YES No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife BEULAH MAE DARST

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased MAY (Month) 15 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	5	20	hr. min.

9. Birthplace MONROE CO., (City, town, or county) MO. (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name MARTIN DARST.
13. Birthplace (City, town, or county) OHIO (State or foreign country)

MOTHER
14. Maiden name MILDRED STEVENS
15. Birthplace (City, town, or county) MO. (State or foreign country)

16. (a) Informant MRS BEULAH DARST,
(b) Address MADISON, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 8, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation MADISON, MO.

18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MO.

19. (a) Nov 9, 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 5
year 1946 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from Nov 1, 1946, to Nov 5, 1946, that I last saw him alive on Nov 3, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 days
Due to	
Due to	
Other conditions Prostatic Obstruction (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 137B

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature C C Smith (M. D. ~~or other~~)
Address MOBERLY, MO. Date signed 11/6/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
Date Filed NOV 25 1946

DEC 3 1946

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed U. G. Blakey

Licensed Embalmer No. 2616

P. O. Address Paris, Missouri.

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.