

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43549**

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

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>WAYNE</u>	
b. CITY OR TOWN <u>PIEDMONT</u>		c. CITY OR TOWN <u>PIEDMONT</u> <u>111</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>111</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>CHARLES</u> c. (Last) <u>DARDEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 30 1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MARCH 25 1898</u>
9. AGE (In years last birthday) <u>51</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	9. AGE (In years last birthday) <u>51</u> 10. MONTHS <u>7</u> 11. DAYS <u>5</u> 12. HOURS <u>5</u> 13. MIN. <u>5</u>
11. BIRTHPLACE (State or foreign country) <u>PIEDMONT, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ASBURY DARDEN</u>		13b. MOTHER'S MAIDEN NAME <u>ADDIE CLARK</u>	
14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
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.			INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary T.B.</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			<u>NO2X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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)		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>10-20</u> , 19 <u>49</u> , to <u>10-30</u> , 19 <u>49</u> that I last saw the deceased alive on <u>10-20</u> , 19 <u>49</u> , and that death occurred at <u>5:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L. B. P... 10 11</u> (Degree or title)		23b. ADDRESS <u>Piedmont Mo</u>	
23c. DATE SIGNED <u>11-2-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV 2-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SPARKS CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>PIEDMONT Mo.</u>	
DATE RECD BY LOCAL REG <u>Nov. 3, 1949</u>		REGISTRAR'S SIGNATURE <u>Lucie C. Piles 340</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Harmon W. Pish</u>		ADDRESS <u>Piedmont</u>	

PAID

12-9-49

Office No. 4
1249-1604

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.....

me

Student Embalmer No.

working under my personal supervision.

Signed *Marion E. Bowler*

Signed.....
Student Embalmer

Licensed Embalmer No. *4426*

P. O. Address *Putnam, Me*

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.