

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7392

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Nevada</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Urbana</u>	
c. LENGTH OF STAY (In this place) <u>23 days</u>		d. STREET ADDRESS (If rural, give location) <u>unknown rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BURT</u>	b. (Middle) <u>E.</u>	c. (Last) <u>DARBY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 18, 1950</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 16, 1870</u>	9. AGE (In years last birthday) <u>79</u>	# UNDER 1 YEAR Months <u>1</u> Days <u>2</u>	# UNDER 1 HR. Hours <u>-</u> Min. <u>-</u>
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10a. 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>none</u>	11. BIRTHPLACE (State or foreign country) <u>Dickory County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>George Darby</u>	13b. MOTHER'S MAIDEN NAME <u>Florence Martin</u>	14. NAME OF HUSBAND OR WIFE <u>Cynthia Darby</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp 3 Nevada Mo</u>	ADDRESS <u>Nevada Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		4200
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>and Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Gangrene Right Hand</u>			
<u>Senile Psychosis</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Jan 26, 1950, to Feb 18, 1950, that I last saw the deceased alive on Feb 18, 1950, and that death occurred at 11:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul L. Barone</u> (Degree or title) <u>V.M.D.</u>	23b. ADDRESS <u>State Hospital 3 Nevada Mo</u>	23c. DATE SIGNED <u>Feb 18/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>2</u>	24b. DATE <u>2/20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bowers Chapel Cem. Urb. 2nd</u>	24d. LOCATION (City, town, or county) (State) <u>MO</u>
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DATE REC'D BY LOCAL REG. <u>Feb 25, 1950</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Vance</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>331 Vaughn - Res</u>	ADDRESS <u>Urbana, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 1-50-148

Date Filed 2-28-50

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**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 .....  
Student Embalmer

Signed Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urban

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.