

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 224347

BIRTH NO. _____		REG. DIST. NO. <u>291</u>	PRIMARY REG. DIST. NO. <u>4433</u>	Registrar's No. <u>31</u>
1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Putnam</u>		
b. CITY OR TOWN <u>Unionville</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville, Mo 0861</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>C. ty</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>NERI</u> c. (Last) <u>DARRAH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 3 - 50</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>March 8 - 1880</u>	9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>70 3 25</u>
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>self general</u>		11. BIRTHPLACE (State or foreign country) <u>Humeston, Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13. FATHER'S NAME <u>James Darrah</u>		
14. MOTHER'S MAIDEN NAME <u>Sarah Smith</u>		15. NAME OF HUSBAND OR WIFE <u>Bertha Mae Darrah</u>		
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		17. SOCIAL SECURITY NO. <u>no</u>		18. INFORMANT'S SIGNATURE OR NAME <u>John Darrah, Unionville, Mo</u>
19. 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
ANTECEDENT CAUSES Morbidity 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>cardio-vascular renal disease</u>		<u>years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>42 X</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>July 2, 1950</u> to <u>July 3, 1950</u> that I last saw the deceased alive on <u>July 2, 1950</u> and that death occurred at <u>7:10 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Chas. L. Judd</u>		23b. ADDRESS <u>Unionville, Mo</u>		23c. DATE SIGNED <u>7/4/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>		24b. DATE <u>July 8 - 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unionville</u>
24d. LOCATION (City, town, or county) (State) <u>Unionville, Mo.</u>		24e. GENERAL DIRECTOR'S SIGNATURE <u>Marvell Durbin</u>		
DATE REC'D BY LOCAL REG. <u>7-29-50</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		ADDRESS <u>Unionville, Mo</u>

(Licensed Embalmers' Statement on Reverse Side)

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

S. No. 300  
V. 10.48

2861

RECEIVED AUG 2 1950  
District Health Officer No. 10  
District File Number 8,50-1228  
Date Filed AUG 4 1950

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

*Murle E. Husted*

Licensed Embalmer No. 3304

P. O. Address Unionville, N.C.

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.