

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2240

BIRTH NO. 67444-50 REG. DIST. NO. 6301 PRIMARY REG. DIST. NO. 4451 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) Naylor		c. CITY (If outside corporate limits, write RURAL and give township) Naylor	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location): 0	

3. NAME OF DECEASED (Type or Print) a. (First) Darrell b. (Middle) Earl c. (Last) Settles			4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Naylor, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME William Settles		13b. MOTHER'S MAIDEN NAME Eileen Sandlin		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME William Settles ADDRESS Naylor, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 492X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia, virus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) age DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) no		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 **June 26, 1951**, to **June 28, 1951**, that I last saw the deceased alive on **June 27, 1951**, and that death occurred at **9 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Hewitt D. Mc... (Degree or title)		23b. ADDRESS Naylor, Mo.		23c. DATE SIGNED 1/29/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/30/51		24c. NAME OF CEMETERY OR CREMATORY Naylor Masonic Ceme...	
		24d. LOCATION (City, town, or county) Naylor, Mo.		(State)	

DATE REC'D BY LOCAL REG. 1-31-51		REGISTRAR'S SIGNATURE E. B. Johnston		25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home ADDRESS Naylor, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 9 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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.....

Charles McLarty

working under my personal supervision.

Student Embalmer No. 357

Signed *Charles McLarty*
Student Embalmer

Signed *Bryan McCord*
Licensed Embalmer No. 4079

P. O. Address *Dayton Mo*

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.