

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7539

FILED MAR 27 1952

REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY Butler 0120		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Butler 0120	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff Rural 0	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Route #3 on 717	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) William c. (Last) Darling			4. DATE OF DEATH (Month) (Day) (Year) Feb. 29, 1952		
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH July 9, 1938	9. AGE (In years last birthday) 13	IF UNDER 1 YEAR Months 7	IF UNDER 1 YEAR Days 20	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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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) Little Rock, Ark. /	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME D. Ed Darling	13b. MOTHER'S MAIDEN NAME Virginia Cole	14. NAME OF HUSBAND OR WIFE
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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 D. Ed. Darling	ADDRESS Poplar Bluff, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic malnutrition</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Palsy</u>		
	DUE TO (c)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harden Olsenbeckson MD</u>	(Degree or title)	23b. ADDRESS <u>Poplar Bluff Mo.</u>	23c. DATE SIGNED <u>3-17-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 3-2-52	24c. NAME OF CEMETERY OR CREMATORY City Cem.	24d. LOCATION (City, town, or county) (State) POPLAR BLUFF, MO.
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DATE REC'D BY LOCAL REG. 3-22-52	REGISTRAR'S SIGNATURE <u>Wm H. Johnson</u> 428-1	25. FUNERAL DIRECTOR'S SIGNATURE FRANK-COTRELL	ADDRESS POPLAR BLUFF, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MAR 24 1952
BUTLER CO. HEALTH CENTER
FILE No. 352-163

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 Howard A. Cooper

Licensed Embalmer No. 3496

P. O. Address 412 Vine St. Poplar Bl.

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.