

This certificate had to be sent to Navyashty
 for information - relevant this will
 WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

WRITE PLAINLY—USING

FILED JUN 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17384**

17584

3

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO

Registrar's No.

124

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL - SUGAR CREEK		c. LENGTH OF STAY (in this place) 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D.#3 - MOBERLY		d. STREET ADDRESS (If rural, give location) 1601-TOPPING AVENUE	
3. NAME OF DECEASED (Type or Print) DAVID		b. (Middle) LESTER	
c. (Last) DERBY		4. DATE OF DEATH (Month) (Day) (Year) MAY-20-1952	
5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT-5-1917	
9. AGE (in years last birthday) 34		10. UNDER 1 YEAR Months Days Hours Mins. 34	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY 10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) OKLAHOMA CITY OKLAHOMA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME LESTER E. DERBY		13b. MOTHER'S MAIDEN NAME OLIE MUNKRUES	
14. NAME OF HUSBAND OR WIFE MRS. FRANCES DERBY		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. 486-05-3291		17. INFORMANT'S SIGNATURE OR NAME MRS. FRANCES DERBY	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 18. CAUSE OF DEATH		19. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide Gas		INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ANTECEDENT CAUSES		DUE TO (b) Carbon Monoxide Gas	
DUE TO (c) Carbon Monoxide Gas		E9731	
19a. DATE OF OPERATION 19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) R.F.D. #3 Moberly Randolph Mo.	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21e. HOW DID INJURY OCCUR? 21e. 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 11:00 P.M., from the causes and on the date stated above. 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 11:00 P.M., from the causes and on the date stated above.	
23a. SIGNATURE Chas. E. Barnes		23b. ADDRESS Moberly Mo.	
23c. DATE SIGNED May 21-52		24a. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL	
24b. DATE MAY-23-1952		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE W. Newman	
DATE REC'D BY LOCAL REG. 5-23-52		REGISTERAR'S SIGNATURE W. Newman	
25. FUNERAL DIRECTOR'S SIGNATURE W. Newman		ADDRESS 1331-BRUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

JUN 2 1957

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

William E. McMillan

Licensed Embalmer No. *3957*

P. O. Address *Shohaly, 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.