

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44290**

No. 300
10. 45
FILED JAN 6 - 1953

BIRTH NO. _____ REG. DIST. NO. **356** PRIMARY REG. DIST. NO. **6249** Registrar's No. **39**

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

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Texas b. COUNTY Texas	
b. CITY OR TOWN Rural Greely		c. CITY OR TOWN Rural Greely 1070	
c. LENGTH OF STAY (in this place) 16 yrs		d. STREET ADDRESS (If rural, give location) 5 mi N. of Houston Co.	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED a. (First) William b. (Middle) MELVIN c. (Last) DARRAH			4. DATE OF DEATH (Month) (Day) (Year) Dec. 19 1952			
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 20 1890	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) Seymour Iowa				12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME William Darrah	13b. MOTHER'S MAIDEN NAME Martha L. Hudson	14. NAME OF HUSBAND OR WIFE Myrtle
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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) YES WORLD WAR I	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Myrtle Darrah Houston 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete Heart Block ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 yr 2 mo. unknown
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 7-22 1950, to 12-19, 1952, that I last saw the deceased alive on 11-15, 1952, and that death occurred at 8:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leath L. Kramer M.D.	23b. ADDRESS Houston Mo	23c. DATE SIGNED 12-20-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-21-52	24c. NAME OF CEMETERY OR CREMATORY Floral Hill Memorial	24d. LOCATION (City, town, or county) (State) Independence Mo.
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DATE REC'D BY LOCAL REG. Dec. 30-1952	REGISTRAR'S SIGNATURE Myrtle Craig	3270	25. FUNERAL DIRECTOR'S SIGNATURE Address Collett Funeral Home, Houston, Mo.
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JAN 27 1953

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 *Frank E. Wood*

Licensed Embalmer No. *4026*

P. O. Address. *Houston, Tex*

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.