

No. 300  
10.48

FILED AUG. 2 - 1954

# STANDARD CERTIFICATE OF DEATH

State File No. **23598**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 5681 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grantsville Twp</b>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Purdin</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Everson</b>	b. (Middle) <b>Fulton</b>	c. (Last) <b>Darr</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>7 18 54</b>

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 19, 1877</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
-----------------	---------------------------	---	---------------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	---	--	---

13a. FATHER'S NAME <b>Patrick Darr</b>	13b. MOTHER'S MAIDEN NAME <b>Kleanor Browning</b>	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Joe Darr</b> ADDRESS <b>Purdin Mo.</b>
---	-------------------------------	---

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>27 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary atherosclerosis</b> DUE TO (c) <b>arteriosclerosis</b>		
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 <b>4201</b>	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) 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 July 10 <sup>1953</sup> to July 17 <sup>1954</sup>, that I last saw the deceased alive on June 24, 1954, and that death occurred at 11:20 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J.R. Marts</b>	23b. ADDRESS <b>Browning, Mo.</b>	23c. DATE SIGNED <b>7-19-54</b>
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REINTERMENT (Specify)	24b. DATE <b>7-20-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bare Branch</b>	24d. LOCATION (City, town, or county) (State) <b>Purdin Rural Mo.</b>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <b>Aug 31 - 54</b>	REGISTRAR'S SIGNATURE <b>Mrs. Rudie Kelley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wade Funeral Home</b> ADDRESS <b>Browning</b>
---	--	---

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

5-50

**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

*Gerald I. Wad*

Licensed Embalmer No. 4172

P. O. Address

*Browning*

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.