

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23807

State File No. _____

0730

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

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>4366</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u>		c. LENGTH OF STAY (In this place) <u>7</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u>		0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>d</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Calvin</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Darling</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-16-'54</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1-29-1885</u>	
9. AGE (In years last birthday) <u>69</u>		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) <u>Retired miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mine</u>		11. BIRTHPLACE (State or foreign country) <u>Devonshire, England</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Calvin Darling</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Andrews</u>		14. NAME OF HUSBAND OR WIFE <u>Louisa Darling</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>Spanish, American</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louisa Darling</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-renal hypertensive disease</u> 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 <u>2 hours</u> <u>over 7 Mo</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>114</u>			
22. I hereby certify that I attended the deceased from <u>12-19, 1953</u> , to <u>7-16, 1954</u> , that I last saw the deceased alive on <u>July 16, 1954</u> , and that death occurred at <u>5:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles O. Chester, D.O.</u>		23b. ADDRESS <u>GRANBY, Mo.</u>		23c. DATE SIGNED <u>7-17-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-19-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shank Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Granby, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 21, 1954</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. E. Shumaker</u>			
				ADDRESS <u>Granby, Mo.</u>			

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

RECEIVED

District Health Officer No. _____

District File Number 754-142

Date Filed 7/23/54

AUG 24 1954

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 F. E. Shewmaker Jr.

Licensed Embalmer No. 4923

P. O. Address Box 58 Granby, 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.