

FILED MAY 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6056 State File No. 13019

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 314 Registrar's No. 18

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

1. PLACE OF DEATH
a. COUNTY St. Clair - Butler twp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Clair

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Lowry City c. LENGTH OF STAY (In this place) 7 Months

c. CITY OR TOWN Rural - Osceola d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Township

e. STREET ADDRESS (If rural, give location) Center Township 0930

3. NAME OF DECEASED
a. (First) Mary b. (Middle) M. c. (Last) Dark

4. DATE OF DEATH (Month) (Day) (Year) April 19, 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 5, 1872

9. AGE (In years last birthday) 83
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) housekeeping

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Howard

13b. MOTHER'S MAIDEN NAME Catherine Allen

14. NAME OF HUSBAND OR WIFE W.E. Dark

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS W.R. Dark, Lowry City Missouri

18. CAUSE OF DEATH
Enter 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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocarditis, Ch.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4222

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 A.M., 1955, to 1 P.M., 1955, that I last saw the deceased alive on 18 Apr., 1955, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. R. Dark

23b. ADDRESS Appletons Ct.

23c. DATE SIGNED 4-22-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-23-55

24c. NAME OF CEMETERY OR CREMATORY Kiddy's Chapel

24d. LOCATION (City, town, or county) (State) Osceola Missouri

DATE REC'D BY LOCAL REG. 4-23-55

REGISTRAR'S SIGNATURE Ruth Seewers 298-

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodrich Funeral Home

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.....
Signature of Student Embalmer

Signed *Paul J. Weston*.....

Licensed Embalmer No. *399*.....

P. O. Address *Weston*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.