

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **14514**

No. 300
10.48

FILED JUN 1 1955

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **138**

1. PLACE OF DEATH a. COUNTY <i>Adair</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Adair</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kirksville Mo</i>		c. CITY OR TOWN <i>Kirksville</i> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <i>3 wks</i>		e. STREET ADDRESS (If rural, give location) <i>0013</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Laughlin Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>John Alder</i> b. (Middle) <i>Darby</i> c. (Last) <i>Darby</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May, 14, 1955</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	
8. DATE OF BIRTH <i>March 16 1916</i>		9. AGE (In years last birthday) Months Days <i>39 2 17</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	
11. BIRTHPLACE (City and State or Foreign Country) <i>Macon Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>farm work</i>	

13a. FATHER'S NAME <i>Ranson C. Darby</i>		13b. MOTHER'S MAIDEN NAME <i>Della Dixon</i>		14. NAME OF HUSBAND OR WIFE <i>Ethel Dennis Dixon</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>491-14-3736</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Ethel Dennis Darby</i>	
(If yes, give war or dates of service)				ADDRESS <i>Atlanta Mo</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Cerebral Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 days</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.		_____	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____		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 *April 24, 1955*, to *May 18, 1955*, that I last saw the deceased alive on *May 14, 1955*, and that death occurred at *16:12 pm.*, from the causes and on the date stated above.

23a. SIGNATURE (In case of title) <i>A. T. Woods</i>		23b. ADDRESS <i>28 Kirksville Mo</i>		23c. DATE SIGNED <i>5-23-55</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 22 1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Wheeler Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Near Atlanta Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Kate Lambert</i>		ADDRESS <i>Embroidery Atlanta, Mo</i>	
DATE REC'D BY LOCAL REG. <i>5-24-55</i>		REGISTRAR'S SIGNATURE			

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

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..... *H. M. Gooding*

Licensed Embalmer No. *17*

P. O. Address *Atlanta*

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.