

pt. Health,  
, & Welfare  
S. Public  
alth Service

FILED DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43867

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 5303 Registrar's No. 400

S. 300  
ev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Cole - Jefferson City, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson Twnshp</u>		c. CITY OR TOWN <u>Jefferson City</u> <u>026</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R #1 TRAILER HOME</u>		d. STREET ADDRESS (If outside, give location) <u>R.R.#1, JeffCity</u>	

3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Frederick</u> Last <u>Darr</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>21</u> Year <u>1957</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July-15-1900</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Prison Guard</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>State Prison</u>	11. BIRTHPLACE (City and state or country) <u>Cleaver, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wilson Taylor Darr</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Stowe</u>	14. NAME OF HUSBAND OR WIFE <u>Fern Medley Darr</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Fern M. Darr, R.R.#1, Jefferson City, Mo</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for 1000 and 6.) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <u>Sudden Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4201</u>
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20c. TIME OF INJURY <u>7:15</u> a.m. <u>12/21/1957</u> p.m.
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Jefferson City</u>	COUNTY <u>Cole</u>	STATE <u>Mo.</u>
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21. I attended the deceased from 7:15 to a and last saw him alive on 12/21/57  
Death occurred at 7:15 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Clifford Holt</u>	(Degree or title) <u>Coroner, Cole County, Mo</u>	22b. ADDRESS <u>630 Adams St. Jefferson City, Mo</u>	22c. DATE SIGNED <u>12/21/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-21-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Springfield Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
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24. FUNERAL DIRECTOR <u>Jewell Wendle</u>	ADDRESS <u>Springfield, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>21 December 1957</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Norris, MD-MR</u>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 9 1958

STATE BOARD OF HEALTH

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 *Joseph J. Jordan*  
Licensed Embalmer No. *1786*  
P. O. Address *Jeff City 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.