

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020951
STATE FILE NUMBER

V. S. 300
ev. 1-57

FILED JUL 7 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 693A

1. PLACE OF DEATH a. COUNTY <u>Allen</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Memphis</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Tenn 940</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>841 S. Campbell</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>unknown</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First <u>Thomas</u> Middle <u>Jefferson</u> Last <u>Darrell</u>			4. DATE OF DEATH Month <u>June</u> Day <u>24</u> Year <u>1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 27 - 1898</u>
9. AGE (In years last birthday) <u>60</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u>		10. USUAL OCCUPATION (Give kind of work done during major part of year, if not specified) <u>no pacific passenger agent</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>		11. BIRTHPLACE (City and state or country) <u>Halena mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Thomas Jefferson Darrell</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Bentley</u>	
14. NAME OF HUSBAND OR WIFE <u>Dead</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT <u>Mrs Eva Stutz - Halena mo</u> Address <u>1621</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchogenic carcinoma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 mo.</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.) _____	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE _____	
21. I attended the deceased from <u>May 9 10 am</u> to <u>6/24/59</u> and last saw her alive on <u>6/24/59</u> Death occurred at _____ in on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or title) <u>Thomas C. Cheatham</u>		22b. ADDRESS <u>Springfield, mo</u>	
		22c. DATE SIGNED <u>6/26/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 27 - 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Halena</u>		23d. LOCATION (City, town, or county) (State) <u>Halena - mo</u>	
24. FUNERAL DIRECTOR <u>Everett J. Cheatham</u> ADDRESS <u>Halena mo</u>		25. DATE RECD. BY LOCAL REG. <u>6-29-59</u>	
		26. REGISTRAR'S SIGNATURE <u>Effie G. Miller</u>	

securing the medical certification in the specific manner required by 192.1, 207, 208, 209, 1949.

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

1959 JUL 2

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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 *Eurett J. Cheatham*

Licensed Embalmer No. *3876*

P. O. Address *Salina, 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.