No. 300
10.48

FILED NOV 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36576

BIRTH NO. 40364-49 REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carrollton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bales Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coloma, Missouri 4½ Miles SW
d. STREET ADDRESS (If rural, give location): Tina, Missouri

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle): Dwanne
c. (Last): Dearden.

4. DATE OF DEATH (Month) (Day) (Year): Oct 22nd, 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): CHILD
8. DATE OF BIRTH: JULY 24, 1949 ~~Oct. 22nd, 1949~~
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 3 Days 20; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carrollton
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Thos Dearden
13b. MOTHER'S MAIDEN NAME: Yvonne Betts
14. NAME OF HUSBAND OR WIFE: Child

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'S SIGNATURE OR NAME X Mrs. Yvonne Dearden **ADDRESS**

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 11 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Smoke burn of lung — 8 9166
DUE TO (c) — 16

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 ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Coloma (Hill) Carroll Mo 17
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 22 49 8 a. 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* 9 am 22 Oct, 1949, *to* 7 pm 22 Oct, 1949, *that I last saw the deceased alive on* 4:30 pm 22 Oct, 1949, *and that death occurred at* 7 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Errol Warren Allen II (Degree or title) MD. D
23b. ADDRESS: Tina, Mo.
23c. DATE SIGNED: 24 Oct 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/27/49
24c. NAME OF CEMETERY OR CREMATORY: Coloma
24d. LOCATION (City, town, or county) (State): Tina Mo

DATE REC'D BY LOCAL REG.: 10/27/49
REGISTRAR'S SIGNATURE: Mrs Herbert Calvert
25. FUNERAL DIRECTOR'S SIGNATURE: Clifford W. Justus **ADDRESS**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 11-18-49

Tina, Missouri.
Oct. 22nd, 1949

By this means we make it known to the Clifford W. Austin Funeral Home that we want the body of our baby embalmed.

Mrs. Bronne Dearde Mother

..... Father

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 Clifford W. Austin

Licensed Embalmer No. 3233

P. O. Address Tina Missouri

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.