

FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17666**

BIRTH NO. 59564-50 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5911 Registrar's No. 68

1. PLACE OF DEATH

a. COUNTY PEMISCOT
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRAAG CITY (RURAL)
c. LENGTH OF STAY (In this place) LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE MO b. COUNTY PEMISCOT
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRAAG CITY (RURAL)
d. STREET ADDRESS (If rural, give location) RURAL # 1

3. NAME OF DECEASED (Type or Print)

a. (First) ROBERT b. (Middle) = c. (Last) DARLING

4. DATE OF DEATH (Month) (Day) (Year) MAY 17-1950

5. SEX

M WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) X 0

6. DATE OF BIRTH SEPT 10-1949

9. AGE (In years last birthday) 8 7 0 0 0 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) BRAAG CITY (RURAL)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME EARL E. DARLING

13b. MOTHER'S MAIDEN NAME ROSE RHOADES

14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give way or dates of service) X

16. SOCIAL SECURITY NO. X

17. INFORMANT'S SIGNATURE OR NAME ADDRESS EARL DARLING BRAAG CITY (RURAL)

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia
ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis
DUE TO (c) 0.5701
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

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 5-16, 1950 to 5-17, 1950, that I last saw the deceased alive on 5-17, 1950, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. I. Dempsey M.D.

23b. ADDRESS KENNETT MO.

23c. DATE SIGNED

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

24b. DATE 5-18-50

24c. NAME OF CEMETERY OR CREMATORY ORANGE CEMETERY

24d. LOCATION (City, town, or county) (State) KENNETT MO.

DATE REC'D BY LOCAL REG. 5-23-50

REGISTRAR'S SIGNATURE John H. Kerman

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WENTZ SERVICE KENNETT MO.

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

3-50-148

Pemiscot County Health L
MAY 23 REC'D

STATEMENT BY LICENSED EMBALMER

Not Embalmed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.