

FILED DEC 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39477

State File No.

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE, MO.</u>		
b. CITY OR TOWN <u>RURAL STE. GENEVIEVE</u>		c. LENGTH OF STAY (In this place) <u>5 1/2 yrs</u>	c. CITY OR TOWN <u>NEW OFFENBURG, STE. GENEVIEVE, MO.</u>		d. STREET ADDRESS (If rural, give location) <u>NEW OFFENBURG MO</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>MALINDIA</u> c. (Last) <u>DARBY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 2 1950</u>		
--	--	--	---	--	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 19 1867</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Mins.
----------------------	-------------------------------	---	-------------------------------------	---	------------------------	----------------------	------------------------	-------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>BLODGETT MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
--	--	-----------------------------------	--	--	--	--

13a. FATHER'S NAME <u>SAMUEL L. PARKER</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA CAIN</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM C. DARBY</u>	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Master Darby - New Offenburg, Mo</u>			
--	-------------------------------------	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bowel</u>					<u>1 yr</u>
*This does not mean the mode of dying, such as heart failure, asthenia, 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.				<u>153X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
------------------------	----------------------------------	--	--	--	--

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 JUNE 2, 1950, to DEC 2, 1950, that I last saw the deceased alive on DEC 2, 1950, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>William S. Spencer</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>St. Genevieve Mo</u>		23c. DATE SIGNED <u>12-2-50</u>	
--	--	--------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>	24b. DATE <u>DEC 5 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>TRINITY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Bono Ark</u>
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Dec 6, 1950</u>	REGISTRAR'S SIGNATURE <u>Geneva M. Karl</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Geo C. Bachelor</u>	ADDRESS <u>St. Genevieve Mo</u>
---	---	---	---------------------------------

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

0495

1951

File No. -----

DISTRICT HEALTH OFFICE No. 4

DEC 19 1950

RECEIVED

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 -----

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Adrian J. Eller*

Licensed Embalmer No. *4740*

P. O. Address *Ste. Luceville, 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 this body is not embalmed, fact should be so stated above.