

**STANDARD CERTIFICATE OF DEATH**

**20861**

**FILED JUL 15 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 State File No. \_\_\_\_\_ Registrar's No. 283

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff Twp.</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>	<u>0352</u> <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION:		d. STREET ADDRESS (If rural, give location) <u>903 Whitney</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JEWELL</u>	b. (Middle) <u>JAMES</u>	c. (Last) <u>DARDEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 28 1911</u>	9. AGE (In years last birthday) <u>41</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Foods</u>	11. BIRTHPLACE (State or foreign country) <u>Cardwell, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>

13a. FATHER'S NAME <u>George W. Darden</u>	13b. MOTHER'S MAIDEN NAME <u>Millie Sanders</u>	14. NAME OF HUSBAND OR WIFE <u>Madeline Robertson Darden</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If you give year or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nell Darden Rollins</u> ADDRESS <u>Holcomb, 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>Asphyxiation</u>		
	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>Drowning due to falling from a boat while fishing</u>		
	DUE TO (c) <u>E850 38</u>		
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Black River</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Poplar Bluff Twp., Butler</u> (STATE) <u>mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 4 53 9P. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tell from a boat</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>George W. Green</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Poplar Bluff, Mo</u>	23c. DATE SIGNED <u>7/8-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7/7/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>
		24d. LOCATION (City, town, or county) (State) <u>Kennett, Missouri</u>

DATE REC'D BY LOCAL REG. <u>7/10/53</u>	REGISTRAR'S SIGNATURE <u>G. H. Mueller</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Baldwin Funeral Home</u> ADDRESS <u>Kennett Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
48  
20  
3

RECEIVED

7/13/53

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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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 .....  
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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.