

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4288**

BIRTH NO. **FILED FEB 17 1954** REG. DIST. NO. **69** PRIMARY REG. DIST. NO. **4122** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nixa</b>		c. CITY OR TOWN <b>Nixa</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		e. STREET ADDRESS (If rural, give location) <b>No Street Address</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANDREW</b>	b. (Middle) <b>JACKSON</b>	c. (Last) <b>DARR</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 7-1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 15-1883</b>	9. AGE (In years last birthday) Months Days <b>70</b>	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Blacksmith</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Wilson Taylor Darr</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Jones</b>	14. NAME OF HUSBAND OR WIFE <b>Tamsey Cates, Darr</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Tamsey Darr, Nixa, Missouri</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of bile ducts and liver</b>		<b>6 mo.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>and liver</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes &amp; Hematemesis</b>		<b>- a few wks.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>155-X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 12, 1953**, to **Dec 27, 1953**, that I last saw the deceased alive on **Dec 27, 1953**, and that death occurred at **3:40a m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Russ D Callaway, MD</b>	(Degree or title)	23b. ADDRESS <b>Springfield Mo</b>	23c. DATE SIGNED <b>2/11/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 10-'54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>McConnell Memorial</b>	24d. LOCATION (City, town, or county) (State) <b>Nixa, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>2-11-54</b>	REGISTRAR'S SIGNATURE <b>Aline Brewer</b>	60-	25. FUNERAL DIRECTOR'S SIGNATURE <b>John Dean Harris</b>	ADDRESS <b>Clever, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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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..... *John Alan Harris*.....

Licensed Embalmer No. *4390*.....

P. O. Address... *Cleves, 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.