

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH4406
State File No.

6-300

BIRTH NO. FILED FEB 24 1954 REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 3350 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dallas</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Urban</u>		c. LENGTH OF STAY (in this place) <u>70 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Urban</u>		d. STREET ADDRESS (If rural, give location) <u>0300</u>
3. NAME OF DECEASED a. (First) <u>Iva</u> b. (Middle) <u>Leona</u> c. (Last) <u>Darby</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-12-1954</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Feb-24-1875</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Dallas Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Pulaski Sartwell</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Hardison</u>	14. NAME OF HUSBAND OR WIFE <u>Arthur E. Darby</u>		
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 <u>Mr. Arthur E. Darby</u>		ADDRESS <u>Urban</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
			ANTECEDENT CAUSES Abnormal conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>		
			DUE TO (c)		
			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"/>
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 <u>Jan</u> , 1952, to <u>Feb 12</u> , 1954, that I last saw the deceased alive on <u>Feb 12</u> , 1954, and that death occurred at <u>7 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>C. G. Bailey</u> (Design or title) <u>also</u>			23b. ADDRESS <u>Urban Mo</u>		23c. DATE SIGNED <u>Feb 13 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb-14-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mission Ridge Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas Co MO</u>	
DATE REC'D BY LOCAL REG. <u>2-17-54</u>	REGISTRAR'S SIGNATURE <u>Ernest Peter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen W. Vaughan</u>		ADDRESS <u>Urban, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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 Allen W. Vaughan.....

Licensed Embalmer No. 4156.....

P. O. Address Urbana, 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.