

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32835

State File No. ....

FILED OCT 5 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY <u>Nevada</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nevada</u>	
b. CITY OR TOWN <u>Nevada Mo.</u>	c. LENGTH OF STAY (In this place) <u>30 mi.</u>	c. CITY OR TOWN <u>Bronaugh Harrison Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada Hospital Nevada</u>		d. STREET ADDRESS (If rural, give location) <u>1080</u>	

3. NAME OF DECEASED (Type or Print) <u>PEARL</u>	a. (First)	b. (Middle) <u>DARLINGTON</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 19 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 11, 1903</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months	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) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Tredonia, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>J. E. Harrison</u>	13b. MOTHER'S MAIDEN NAME <u>Cara Robinson</u>	14. NAME OF HUSBAND OR WIFE <u>J. E. Darlington</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. E. Darlington</u>	ADDRESS <u>Bronaugh</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Probable coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours.</u>
	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>Cancer left breast with metastasis generalized system</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>42011</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 8/16 1954, to 9/19/54, 19   , that I last saw the deceased alive on 9/19 1954, and that death occurred at 10:20 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. E. Morris M.D.</u> (Degree or title)	23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>9/19/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Sept 22-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wardsley</u>	24d. LOCATION (City, town, or county) (State) <u>Bronaugh, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-28-54</u>	REGISTRAR'S SIGNATURE <u>Arma E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Moonahan</u>	ADDRESS <u>Aradia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

VS SEP 27 1960

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 N. J. Mooneyhan

Licensed Embalmer No. 3616

P. O. Address Aradon, Mass

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.