

STANDARD CERTIFICATE OF DEATH

State File No. 0550

FILED APR 12 1955

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 3037 Registrar's No. 10550
4

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

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MT. VERNON</u>		c. LENGTH OF STAY (in this place) _____	
c. CITY OR TOWN <u>MT. VERNON</u>		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 <u>SMART REST HOME</u>		STREET ADDRESS (If rural, give location) <u>0550</u>	
3. NAME OF DECEASED a. (First) <u>LOUIE</u> b. (Middle) <u>E.</u> c. (Last) <u>DARBY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL-6-1955</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>2 SEPT. 22, 1980</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 11 HRS. Hours <u>14</u> Min. _____
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 <u>HOUSEKEEPING</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>BARTON CO. KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>NELSON MILLER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY JANE AMBLER</u>	
14. NAME OF HUSBAND OR WIFE <u>WILLIAM JOSEPH 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 <u>RETHA BROTEMARKE</u>		ADDRESS <u>LOS ANGELES, CAL.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxic Comas (TOXEMIA)</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Portal Insufficiency</u> <u>4 weeks</u> DUE TO (c) <u>Chronic Portal Cirrhosis</u> <u>Unknown</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 <u>5810</u>	
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) _____ m.		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>March 11, 1955</u> , to <u>April 6, 1955</u> , that I last saw the deceased alive on <u>April 5, 1955</u> , and that death occurred at <u>5:10 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>David E. Geary, D.O.</u>		23b. ADDRESS <u>MT Vernon, Mo</u>	
23c. DATE SIGNED <u>4/8/55</u>			
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-10-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MT. VERNON, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-9-55</u>		REGISTRAR'S SIGNATURE <u>Carl Handrick</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Jossett</u>		ADDRESS <u>MT Vernon, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 me....., Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W H Forett.....

Licensed Embalmer No. 22

P. O. Address mt 1522

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.