

FILED SEP 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30129

State File No.

BIRTH NO. 57842-55 REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3044 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LIVINGSTON</u>	
b. CITY OR TOWN <u>CHILLICOTHE</u>	c. LENGTH OF STAY (in this place) <u>1 DAY</u>	c. CITY OR TOWN <u>CHILLICOTHE</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>CITY HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>059th</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NITA</u>	b. (Middle) <u>FAY</u>	c. (Last) <u>DARR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 29 1955</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>29 AUGUST 1955</u>
9. AGE (In years last birthday) <u>1</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>CHILLICOTHE, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13a. FATHER'S NAME <u>RAY DARR</u>	13b. MOTHER'S MAIDEN NAME <u>MARY LOUISE WILLIAMS</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>RAY DARR</u> ADDRESS <u>CHILLICOTHE, MISSOURI</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Collapsed Corp.</u> DUE TO (c) <u>Foot Presentation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
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) 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>9/29</u> , 19 <u>55</u> , to <u>9-29-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9/29/55</u> , 19 <u>55</u> , and that death occurred at <u>3:50 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. W. Matheny D.O.</u>		23b. ADDRESS <u>Chillicothe, Mo.</u>	23c. DATE SIGNED <u>8/31/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-30-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WHEELING</u>	24d. LOCATION (City, town, or county) (State) <u>WHEELING, MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>8/31/55</u>	REGISTRAR'S SIGNATURE <u>Frances B. Newell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>NORMAN FUNERAL HOME</u> ADDRESS <u>CHILLICOTHE</u>	

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

MO

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 *Elton R. Rimmer*.....

Licensed Embalmer No. *403*

P. O. Address *Chillicothe*

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.