

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017353
STATE FILE NUMBER

FILED JUN 9 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 88

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		5. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 8117 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1321 No. 12th St.		Length of stay in 1b 10 yrs	d. STREET ADDRESS (If outside, give location) 1321 No. 12th St.
			Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) PHEBE	First Middle Last DARBY	4. DATE OF DEATH June 3 1958
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5. SEX Female 1	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 27, 1873	9. AGE (In years next birthday) 84	IF UNDER 1 YEAR Months Days	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) At Home	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Denver Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Andrew Barber	13b. MOTHER'S MAIDEN NAME Miller	14. NAME OF HUSBAND OR WIFE George T. Miller (Deceased)
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Louis Jacobs	Address 1321 No. 12th St. St. Joseph, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Failure & Auricular Librillation Coronary Arteriosclerosis.		INTERVAL BETWEEN ONSET AND DEATH 24h.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 3/1/58 to 6/3/58 and last saw her alive on 6/3/58 Death occurred at 10:15A m on the date stated above; and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) Scott G. Benson M.D.	22b. ADDRESS 324 N. 60	22c. DATE SIGNED 6/3/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-6-58	23c. NAME OF CEMETERY OR CREMATORY Lone Star Cemetery	23d. LOCATION (City, town, or county) (State) Lone Star Missouri
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24. FUNERAL DIRECTOR Home Funeral Home M.A.B.	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. June 5, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Charles E. Bennett*

Licensed Embalmer No. *4627*

P. O. Address *St. Joseph, 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.