

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-028526
State File No.

FILED SEP 15 1958

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4116 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sumner</u>	c. LENGTH OF STAY (in this place) <u>5 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sumner</u> <u>0-218</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>no</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Henry</u>	b. (Middle) <u>Vern</u>	c. (Last) <u>Darling</u>	(Month) <u>8</u>	(Day) <u>30</u>	(Year) <u>58</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 21, 1878</u>		9. AGE (In years last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Repairman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Repair Trade</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lowell, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Simeon Darling</u>		13b. MOTHER'S MAIDEN NAME <u>Aseneth Childress</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth</u>	
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> </u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Darling, Sumner, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Thrombotic Encephalomalacia</u>			
		DUE TO (c) <u>Arteriosclerosis</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		20. AUTOPSY? <u>2</u> 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 12-7-, 1957, to 8-30, 1958, that I last saw the deceased alive on 8-28, 1958, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Norman F. Hansen</u>		23b. ADDRESS <u>Hale, Missouri</u>		23c. DATE SIGNED <u>9-4-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-1-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Meadville, Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Meadville, Missouri</u>			

DATE REC'D BY LOCAL REG. <u>Sept 8-1958</u>		REGISTRAR'S SIGNATURE <u>M. Boone-Howie Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brothers Funeral Home, Meadville, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

510

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 W. R. Wright

Licensed Embalmer No. 4655

P. O. Address Medville, 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.