

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045046

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 261

Primary Registration District No.

Registrar's No. 349

300
1-57

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Graham rural		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Graham 07460
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None		Length of stay in lb 5 yrs	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Calvin Middle Sylvester Last Darrah			4. DATE OF DEATH Month 12 Day 15 Year 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12 16 1908
10a. USUAL OCCUPATION (Give kind of work done during 12 months preceding date of report) laborer pipe line		10b. KIND OF BUSINESS OR INDUSTRY Gas company	9. AGE (In years last birthday) 49 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11a. BIRTHPLACE (City and state or country) Seymour, Ia		12. CITIZEN OF WHAT COUNTRY? Usa	
13a. FATHER'S NAME Calvin S Darrah		13b. MOTHER'S MAIDEN NAME Minnie Snyder	
14. NAME OF HUSBAND OR WIFE Mrs Edna Darrah		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 479 36 4688		17. INFORMANT Address Mrs Edna Darrah, Graham, Mo	
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 Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Coronary occlusion DUE TO (c) Coronary Atherosclerosis 4201			INTERVAL BETWEEN ONSET AND DEATH Inst. Inst. ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) while felling trees with power saw - sudden pain and death instantaneous		
20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. _____ p.m. 12-15-58	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21. I attended the deceased from Death occurred at Not seen before Investigated by coroner - no inquest and last seen alive at home on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Dr. Emory M.D.	22b. ADDRESS Marquill	22c. DATE SIGNED 12/18/58	
23a. REMOVAL (Specify) 12-18-58	23c. NAME OF CEMETERY OR CREMATORY South Lawn Cem. Seymour Iowa	23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR M. Atchman	ADDRESS Marquill	DATE RECD. BY LOCAL REG. 12-19-58	24. REGISTRAR'S SIGNATURE Bess Bolt

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 25 1962

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 *G M [Signature]*

Licensed Embalmer No. *2279*

P. O. Address *Mayville*

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.