

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018383  
STATE FILE NUMBER

FILED MAY 29 1959 Registration District No. 187 Primary Registration District No. Registrar's No. 146

1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Chillicothe		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural Chillicothe		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 miles north		Length of stay in 1b 73 yrs	d. STREET ADDRESS 5 miles north of Chillicothe		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Virgil Grover Cleveland Darr			4. DATE OF DEATH Month Day Year May 23, 1959		
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 25 March 1886	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 73 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Chillicothe, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hiram Darr		13b. MOTHER'S MAIDEN NAME Mahala Ann Jacobs		14. NAME OF HUSBAND OR WIFE Laura E. Bate Darr	
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. 490-10-4245	17. INFORMANT Mrs. V. G. Darr; Chillicothe, Mo. Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 2 weeks Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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? 4201 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-28-59 to 5-23-1959 and last saw him alive on 5-20-59 Death occurred at 11:4 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. D. Darr (Degree or title)			22b. ADDRESS Chillicothe		22c. DATE SIGNED 5-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-25-59	23c. NAME OF CEMETERY OR CREMATORY Resthaven		23d. LOCATION (City, town, or county) (State) Chillicothe, Missouri
24. FUNERAL DIRECTOR Norman Funeral Home; Chillicothe, Missouri		25. DATE RECD. BY LOCAL REG. 5/25/59		26. REGISTRAR'S SIGNATURE Frances B. Nease	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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.

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 F. Norman* .....

Licensed Embalmer No. 4036 .....

P. O. Address Chillicothe, 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.