

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014719

STATE FILE NUMBER

Registered in Missouri No. **348** Primary Registration District No. **4538** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MO b. COUNTY WAYNE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PIEDMONT		c. CITY OR TOWN PIEDMONT	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 Middle Last ALICE JANE DARDEN			4. DATE OF DEATH Month Day Year MARCH 4 1963
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-17-1872
9. AGE (last birthday) 91		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) TENN.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JOHN PENNINGTON	13b. MOTHER'S MAIDEN NAME MARY FRUE
14. NAME OF HUSBAND OR WIFE COLUMBUS DARDEN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <input checked="" type="checkbox"/> No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address HENRY DARDEN PIEDMONT, 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) Pulmonary Edema DUE TO (b) Hypostatic pneumonia DUE TO (c) Senile Cachexia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of hip (right)			INTERVAL BETWEEN ONSET AND DEATH 4 Hours 3 days 3 mo.
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.)
20c. TIME OF INJURY Hour a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 1962 to March 4, 1963 and last saw him alive on March 4, 1963 Death occurred at 1:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS Piedmont, Mo.	
22c. DATE SIGNED 3-15-63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 3-6-1963		23c. NAME OF CEMETERY OR CREMATORY SPARKS CEM.	
23d. LOCATION (City, town, or county) NEAR PIEDMONT MO		23e. STATE MO	
24. FUNERAL DIRECTOR GISH		ADDRESS PIEDMONT, MO	
25. DATE RECD. BY LOCAL REG. March 18, 1963		26. REGISTRAR'S SIGNATURE [Signature]	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
1110
2110
3
4 1
5 2
6
7 1
8 2
9 522X
10
11
12 90-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

