

FILED JUL 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24519

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 236

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

1. PLACE OF DEATH a. COUNTY St Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Francois		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Randolph Twp.		c. LENGTH OF STAY (In this place) 3	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat River		d. STREET ADDRESS (If rural, give location) 503 Bass St.
3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) Vernon c. (Last) Darnell			4. DATE OF DEATH (Month) (Day) (Year) July 7 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 15, 1924		9. AGE (In years last birthday) 25 IF UNDER 1 YEAR: Months 5 IF UNDER 12 HRS. Hours 22 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (State or foreign country) Flat River		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William P. Darnell		13b. MOTHER'S MAIDEN NAME Carrie Corman		14. NAME OF HUSBAND OR WIFE Golda Darnell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War 2		16. SOCIAL SECURITY NO. 498-18-4969	17. INFORMANT'S SIGNATURE OR NAME Mrs Golda Darnell ADDRESS Flat River, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coroners Jury verdict "Deceased came to his death by reason of a collision of his truck with a Missouri Pacific train caused by negligence of the railroad company in not having a light at said crossing and not keeping the railroad right of way clear of weeds and brush" ANTICIPATED CAUSES (b) Skull fracture and crushed chest II. OTHER SIGNIFICANT CONDITIONS (c) Skull fracture and crushed chest INTERVAL BETWEEN ONSET AND DEATH 8101 27				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public road	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Francois Mo		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 7 1949 7:14 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Collision between truck and train 44		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Burl G Miller 3 coroner Farmington mo			23b. ADDRESS		23c. DATE SIGNED 7-9-49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/10/49	24c. NAME OF CEMETERY OR CREMATORY St Francois Memorial Park Deale, Mo		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. July 9, 1949	REGISTRAR'S SIGNATURE Ether Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home Farmington, Mo ADDRESS _____		

FEB 27 1950

RECEIVED 7-18-49

District Health Officer No. 4

File Number 749-964

Date Filed

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 Paul Dwyer
Licensed Embalmer No. 4120

P. O. Address Lanhamton 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.