

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24690

State File No. ....

FILED AUG 2-1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 203

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Polk</u>	
b. CITY OR TOWN <u>Moberly</u>	c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY OR TOWN <u>Des Moines</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>3109 Second Ave</u> <u>5140</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HELEN</u> b. (Middle) <u>MARY</u> c. (Last) <u>DARNER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 2, 1904</u>	9. AGE (In years) (last birthday) <u>52</u> UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Attamura, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Harley Cain</u>	13b. MOTHER'S MAIDEN NAME <u>Carmelions</u>	14. NAME OF HUSBAND OR WIFE <u>John D. Darnar</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Robert S. Darnar</u>	ADDRESS <u>Des Moines, Iowa</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		<u>24 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic coronary occlusion</u> DUE TO (c)		<u>24 hrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Previous myocardial infarction</u>		<u>11 weeks</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 17, 1956, to July 18, 1956, that I last saw the deceased alive on July 17, 1956, and that death occurred at 2:35am., from the causes and on the date stated above.

23a. SIGNATURE <u>Clarence Adams</u> (Degree or title)	23b. ADDRESS <u>302 Virginia, Moberly, Mo.</u>	23c. DATE SIGNED <u>July 18 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 30, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OKR</u>	24d. LOCATION (City, town, or county) (State) <u>Attamura, Iowa</u>
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DATE REC'D BY LOCAL REP. <u>7-20-56</u>	REGISTRAR'S SIGNATURE <u>Leah Hoover</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cater Funeral Home</u>	ADDRESS <u>Moberly, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Licensed Embalmer No. 4900

P. O. Address.....

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.