

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002599
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 3

VS 300
Rev. 4/59

10690
8690

3

4 0

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9350X

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11

1286-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) JACKSON TWP.		Length of stay in 1b 3 DAYS	c. CITY OR TOWN PARIS
c. FULL NAME OF (If NOT in hospital, give location) PLEASANT VIEW RESTH.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) E. Monroe ST.
3. NAME OF DECEASED (Type or print) SAMUEL EUGENE DARNELL			4. DATE OF DEATH Month JAN Day 6 Year 1963
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/5/1896
9. AGE (last birthday) 66		IF UNDER 1 YEAR Months 7 Days 9	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IMPLEMENT & CAR DEALER		10b. KIND OF BUSINESS OR INDUSTRY FARM IMPLEMENT & CARS.	11. BIRTHPLACE (City and state or country) MO., -MONROE CO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME SAMUEL T. DARNELL	
13b. MOTHER'S MAIDEN NAME LUCRETIA MCGEE		14. NAME OF HUSBAND OR WIFE ANNA JIM DARNELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) YES W.W.I		16. SOCIAL SECURITY NO. 63	17. INFORMANT Address GERALD E. DARNELL 260 VANCE DR EAST POINT GA.
18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary Arteriosclerosis DUE TO (b) Respiration Failure DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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. 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 Jan 3 - '63 to June 6 - '63 and last saw him alive on June '63 . Death occurred at 530 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) M.D.		22b. ADDRESS PARIS, MO.	22c. DATE SIGNED 1/6/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-8-1963	23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	23d. LOCATION (City, town, or county) PARIS, MO. (State)
24. FUNERAL DIRECTOR E.H. AGNEW PARIS, MO. ADDRESS		25. DATE RECD. BY LOCAL REG. 1-6-63	26. REGISTRAR'S SIGNATURE [Signature]

JAN 15 1963

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 *E. M. Agnew*

Licensed Embalmer No. 4000

P. O. Address Paris, 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.