

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2004

FILED JAN 19 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>GRANBY</u>	c. LENGTH OF STAY (In this place) <u>23 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>GRANBY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COMMUNITY HOSP</u>		d. STREET ADDRESS (If rural, give location) <u></u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ENOS</u>	b. (Middle) <u></u>	c. (Last) <u>DARNELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 9 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Sept. 17, 1892</u>	9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>23</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MERCHANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>	11. BIRTHPLACE (State or foreign country) <u>TIFF CITY, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WM. S. DARNELL</u>	13b. MOTHER'S MAIDEN NAME <u>MARY BURNS</u>	14. NAME OF HUSBAND OR WIFE <u>LOLA DARNELL</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) <u>yes World War I</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lola Darnell, Granby Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial hypertension</u>		
	DUE TO (c) <u>Prostatic obstruction</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>n 31</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>231</u>	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1 1949, to Jan 10, 1949, that I last saw the deceased alive on Jan 10, 1949, and that death occurred at 8:43 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles O. Chester P.O.</u>	23b. ADDRESS <u>Granby Mo.</u>	23c. DATE SIGNED <u>1-12-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 13, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GRANBY CEMETARY</u>	24d. LOCATION (City, town, or county) (State) <u>GRANBY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>JAN. 13 - 1949</u>	REGISTRAR'S SIGNATURE <u>M. L. Young</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Culver-Sherman, Granby Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

73  
1  
6

RECEIVED  
Newton Co. Health Officer No. 11111  
District Health Officer No. 11111  
District File Number 149-22  
Date Filed 1-18-49

JAN 21 1950

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.

Signed Paul D. Henbest

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4576

P. O. Address Cassville

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.