

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15088

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 5174 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <b>CAMDEN (Adair Twp)</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CAMDEN 15</b>		
b. CITY OR TOWN <b>CLIMAX SPRINGS</b>		c. LENGTH OF STAY (in this place) <b>1 1/2</b>	c. CITY OR TOWN <b>CLIMAX SPRINGS (Adair Twp)</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>			d. STREET ADDRESS (If rural, give location) <b>0</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lewis</b> b. (Middle) <b>TASH</b> c. (Last) <b>DARNEIL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 29, 1949</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MAY 12, 1860</b>	9. AGE (In years last birthday) <b>89</b>	10. UNDER 1 YEAR Months <b>0</b> Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SAW mill operator</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>DENT County 0</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>SAMUEL DARNEIL</b>	13b. MOTHER'S MAIDEN NAME <b>NANCY HOYAN</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edd Darnell Windsor</b>	ADDRESS <b>Mo</b>
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio-sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>45 CD</b>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b>		
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Dec, 1948, to May, 1949, that I last saw the deceased alive on Apr 30, 1949, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Walter M. D. V</b>	23b. ADDRESS <b>Warsaw Mo</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>May 25, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CLIMAX SPRINGS CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>CLIMAX SPRINGS MO</b>
DATE REC'D BY LOCAL REG. <b>5-26-49</b>	REGISTRAR'S SIGNATURE <b>G. Myers M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John F. Reser</b>	
ADDRESS <b>Warsaw</b>			

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

No. 300  
10. 4a

RECEIVED

District Health Officer No. 71

District File Number 5-49-712

Date Filed 6-9-49

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 John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.