

No. 300  
10-48

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37818

0690  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4399 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PARIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PARIS</b>	
c. LENGTH OF STAY (in this place) <b>2 Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>ME BRIDE ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOWELL REST HOME</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MARY</b>	b. (Middle) <b>COLLINS</b>	c. (Last) <b>DARNELL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 30, 1950</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>APR. 22, 1866</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR (Month) (Day) <b>7 8</b>	IF UNDER 24 HRS. (Hour) (Min.) <b>5</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZENSHIP OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>BENJ. F. POWER</b>	13b. MOTHER'S MAIDEN NAME <b>LIDIA ANN BOYD</b>	14. NAME OF HUSBAND OR WIFE <b>JOHN A. DARNELL</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. DENNIS YOUNG</b>	ADDRESS <b>PARIS, MO</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  <i>This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 weeks</b>
	ANTECEDENT CAUSES <b>WHO - Arteriosclerosis</b>		
	DUE TO (b) <b>WHO - Arteriosclerosis</b>		
DUE TO (c)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS <b>4221</b> 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 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 <input type="checkbox"/> WORK 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 **11-30**, 19**50**, to **11-30**, 19**50**, that I last saw the deceased alive on **11-30**, 19**50**, and that death occurred at **8:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Geo M. Speed M.D.</b>	23b. ADDRESS <b>PARIS, MO.</b>	23c. DATE SIGNED <b>12-1-50.</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12-2-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CEDAR GROVE</b>	24d. LOCATION (City, town, or county) (State) <b>MONROE CO., MO.</b>
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DATE REC'D BY LOCAL REG. <b>12-2-50</b>	REGISTRAR'S SIGNATURE <b>F. D. Barnett, M.D.</b>	435	25. FUNERAL DIRECTOR'S SIGNATURE <b>Speed &amp; Blakey</b>	ADDRESS <b>PARIS, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: **DEC 11 1950**  
DISTRICT HEALTH OFFICE #2  
District File Number *18-50-20*  
Date Filed: **DEC 11 1950**

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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 .....  
Student Embalmer

Signed..... *E. H. 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 this body is not embalmed, fact should be so stated above.