

FILED JUL 6-1951

STANDARD CERTIFICATE OF DEATH

State File No. **19289**

BIRTH NO. 34921-51 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Crosse	
c. LENGTH OF STAY (If this place) 7 hrs		d. STREET ADDRESS (If rural, give location) Gen. Del.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Michael	c. (Last) Darnel	4. DATE OF DEATH (Month) (Day) (Year) 6/26/51
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5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6/25/51	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 45
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant	10b. KIND OF BUSINESS OR INDUSTRY infant	11. BIRTHPLACE (State or foreign country) Kirksville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Russell Darnel	13b. MOTHER'S MAIDEN NAME Henrietta Young	14. NAME OF HUSBAND OR WIFE infant
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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 Russell Darnel-La Crosse, Mo	ADDRESS
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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) Pulmonary atelectasis		INTERVAL BETWEEN ONSET AND DEATH 7 hrs. 45 min.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prenatality		
	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 7625	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) (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) (Min.)	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 June 25, 1951, to June 26, 1951, that I last saw the deceased alive on June 26, 1951, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE Mildred Gebach	(Degree or title)	23b. ADDRESS Kirksville, Mo.	23c. DATE SIGNED 6-26-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/26/51	24c. NAME OF CEMETERY OR CREMATORY Yarrow (Mo) Cemetery	24d. LOCATION (City, town, or county) (State) Yarrow, Mo.
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DATE REC'D BY LOCAL REG. 6-26-51	REGISTRAR'S SIGNATURE Walter Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Randolph Davis	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Date Received: JUL 2 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-51-1179
Date Filed: JUL 3 1951

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

Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address *Pikeville, Mich*

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.