

No. 388  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3728**

**FILED FEB 5 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **15**

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <i>Vernon</i>		a. STATE <i>Missouri</i> b. COUNTY <i>Vernon</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Nevada</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Nevada</i> <b>1082</b>	
c. LENGTH OF STAY (In this place) <i>2 days</i>		d. STREET ADDRESS (If rural, give location) <i>919 N. Colorado St.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Nevada Hospital</i>			
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
a. (First) <i>James</i> b. (Middle) <i>Albert</i> c. (Last) <i>Darnell</i>			<i>1-26-1952</i>
<b>5. SEX</b> <i>Male</i>	<b>6. COLOR OR RACE</b> <i>White</i>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <i>Married</i>	<b>8. DATE OF BIRTH</b> <i>4-10-1895</i>
<b>9. AGE</b> (In years last birthday) <i>56</i>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <i>Electric Station Attendant</i>	<b>11. BIRTHPLACE</b> (State or foreign country) <i>Kentucky</i>
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <i>509-07-3010</i>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <i>U.S.A.</i>	
<b>13a. FATHER'S NAME</b> <i>Elisah E. Darnell</i>		<b>13b. MOTHER'S MAIDEN NAME</b> <i>Probel Alexander</i>	<b>14. NAME OF HUSBAND OR WIFE</b> <i>Maggie L. Darnell</i>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service) <input checked="" type="checkbox"/>		<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <i>Solares D. Elivio Nevada Mo.</i>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)			
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> <i>Acute hemorrhagic pancreatitis</i>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <i>2 days</i>	
<b>ANTECEDENT CAUSES</b>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
<b>II. OTHER SIGNIFICANT CONDITIONS</b>			
Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
		<i>5870</i>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <i>Jan 24, 1952, to Jan 26, 1952,</i> that I last saw the deceased alive on <i>Jan 26, 1952,</i> and that death occurred at <i>9:55 P.M.,</i> from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <i>P. R. King M.D.</i> (Degree or title)		<b>23b. ADDRESS</b> <i>Nevada, Mo.</i>	<b>23c. DATE SIGNED</b> <i>1-28-52</i>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <i>Burial</i>	<b>24b. DATE</b> <i>1-28-52</i>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <i>Hawwood Cemetery Nevada Missouri</i>	<b>24d. LOCATION</b> (City, town, or county) (State)
<b>DATE REC'D BY LOCAL REG.</b> <i>2-1-1952</i>	<b>REGISTRAR'S SIGNATURE</b> <i>Anna E. Ferry</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Allen C. Hoyle Nevada Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Allen V. Hayes.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 1968.....

P. O. Address Nevada 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.