

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22058**

FILED JUN 30 1953

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5641 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LAFAYETTE	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL - DOVER		c. CITY (If outside corporate limits, write RURAL and give township) RURAL - DOVER	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) (Dover Twp.)	
d. FULL NAME OF HOSPITAL OR INSTITUTION (Dover Twp.)		d. STREET ADDRESS (Dover Twp.)	
3. NAME OF DECEASED a. (First) ROBERT		b. (Middle) LEE	
c. (Last) DARNELL		4. DATE OF DEATH (Month) (Day) (Year) 23 23 53	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 8, 1867
9. AGE (In years last birthday) 85		10. MONTHS 11	11. DAYS 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
11. BIRTHPLACE (City and State or Foreign Country) RICHMOND, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JAMES DARNELL		13b. MOTHER'S MAIDEN NAME CATHERINE DARNELL	
14. NAME OF HUSBAND OR WIFE IDA PHELPS DARNELL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME RS. WM. LONG	
18. CAUSE OF DEATH		ADDRESS HIGGINSVILLE, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Renal Disease		ANTecedent CAUSES		6/27/50	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) none		6/23/53	
DUE TO (c) none		II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. none					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)		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 6/27, 19 50, to 6/23, 19 53, that I last saw the deceased alive on 6/23, 19 53, and that death occurred at 12:50 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Geo A Kelling MD		23b. ADDRESS Waverly, Missouri		23c. DATE SIGNED 6/25/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-25-53		24c. NAME OF CEMETERY OR CREMATORY DOVER	
24d. LOCATION (City, town, or county) (State) DOVER, MISSOURI		24e. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS HIGGINSVILLE, MO.	

DATE REC'D BY LOCAL REG. **June 25-1953** REGISTRAR'S SIGNATURE **Clayton W Landrum** 154-0
 (Licensed Embalmer's Statement on Reverse Side)

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

DEC 31 1958

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

Ferris A. Hooper

Licensed Embalmer No. 4358

P. O. Address HIGGINSVILLE, 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.