

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED NOV 20 1953

State File No. **39943**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **134**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bowling Green</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike Co Hospital</b>		d. STREET ADDRESS (If rural, give location) _____ <b>08<sup>th</sup> D</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Bertha</b>	b. (Middle) <b>174 E</b>	c. (Last) <b>Darnell</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 6, 1953</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>Dec 17 1880</b>	9. AGE (In years last birthday) <b>72</b>	10 UNDER 1 YEAR Months <b>10</b> Days <b>19</b>	11 UNDER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Rushville Ill</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Thomas G. Copeland</b>	13b. MOTHER'S MAIDEN NAME <b>Naomi Dennis</b>	14. NAME OF HUSBAND OR WIFE <b>Wm Darnell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Billy W Darnell</b>	ADDRESS <b>Bowling Green 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Cholelithiasis</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Catheterization pyelitis</b>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>Chronic Cholelithiasis + Hepatitis 585 X</b>	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) (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 **10-7-** 1953, to **11-6-53**, 19\_\_\_\_, that I last saw the deceased **alive on 11-6-53**, 19\_\_\_\_, and that death occurred at **11:20 p.m.**, from the causes and on the date stated above.

22. SIGNATURE <b>[Signature]</b> (Degree or title) _____	23a. ADDRESS <b>Louisiana Mo</b>	23c. DATE SIGNED <b>11-6-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 9 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Curryville</b>	24d. LOCATION (City, town, or county) (State) <b>Curryville Mo</b>
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DATE REC'D BY LOCAL REG <b>Nov 7 1953</b>	REGISTRAR'S SIGNATURE <b>Dorisee Callier</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Grace Bankhead</b>	ADDRESS <b>Bowling Green Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10/1/57

**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 *Gerald C. Kiser*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4597*.....

P. O. Address *Bonning Green*.....

**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.