

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38144**

FILED NOV 22 1954

BIRTH NO. _____		REG. DIST. NO. <b>245</b>		PRIMARY REG. DIST. NO. <b>3047</b>		Registrar's No. <b>123</b>	
1. PLACE OF DEATH a. COUNTY <b>Newton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Neosho</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>Neosho</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>412 Hamilton</b>				e. STREET ADDRESS (If rural, give location) <b>412 Hamilton 07320</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARL</b>		b. (Middle) <b>D.</b>		c. (Last) <b>DARNALL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 7, 1954</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 7, 1904</b>		9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ARMY - U.S.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Washington, D.C.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Carl Darnall</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Major</b>		14. NAME OF HUSBAND OR WIFE <b>Jane Darnall</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES 1932-1954</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Darnall</b> ADDRESS <b>Mrs. C. R. Darnall - Neosho, Mo.</b>			
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 suffocation, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gun Shot Wound</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Self Inflicted</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION <b>Nov. 10, 1954</b>		19b. MAJOR FINDINGS OF OPERATION  <b>E970X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HOME</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Neosho Newton, Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10-7-54 10:45 a.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>38 REV. to Left Temple -</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to <b>11-7</b> , 19 <b>54</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:45 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Loisly Thompson, M.D.</b>				23b. ADDRESS <b>Neosho, Mo.</b>		23c. DATE SIGNED <b>11-8-54</b>	
24a. BURIAL CREMATION-REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>10-9-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Arlington National</b>		24d. LOCATION (City, town, or county) (State) <b>Arlington VIRGINIA</b>		
DATE REC'D BY LOCAL REG. <b>11-9-54</b>		REGISTRAR'S SIGNATURE <b>Melvin C. Bowman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Loisly Thompson</b> ADDRESS <b>Neosho, Mo.</b>			

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

**RECEIVED**

**NEWTON COUNTY HEALTH UNIT**

District Health Officer No. \_\_\_\_\_

District File Number - 1154-234

Date Filed NOV 20 1954

**NEOSHO, MISSOURI**

NOV 23 1954

NOV 23

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Lesley Thompson, Jr.  
Licensed Embalmer No. 486  
P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.