

No. 300  
10-48

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25903

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5487 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN <u>Rural Jefferson Mo</u> c. LENGTH OF STAY (in this place) <u>8 Mo.</u>		c. CITY OR TOWN <u>Rural Jefferson Mo</u> d. Is Residence within limits of a city incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo</u>		e. STREET ADDRESS (If rural, give location) <u>2 mile N of Bethany</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dellmar Eugene</u> b. (Middle) <u>Darneal</u> c. (Last) <u>Darneal</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 24 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11-9-1948</u>
9. AGE (In years last birthday) <u>6</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bethany Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Alvin Darneal</u>	
13b. MOTHER'S MAIDEN NAME <u>Mable Jane Barnett</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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. <u>E8124 25</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Alvin Darneal</u>		ADDRESS <u>Bethany Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hit by auto on 69 Highway</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Broken Neck.</u> 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 <u>Sudden Death</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>69 Highway</u>	
21c. (CITY, TOWN, OR TOWNSHIP) <u>Harrison</u> (COUNTY) <u>Harrison</u> (STATE) <u>Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 24-1955 10:15</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>struck by automobile.</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph J. Marshall D.C. Coroner of Harrison County</u> (Degree or title)		23b. ADDRESS <u>Bethany Mo</u>	
23c. DATE SIGNED <u>8-26-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-26-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Monson Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Bethany Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Lane</u> ADDRESS <u>Bethany, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/26/55</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>	

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

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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..... *W. B. Haas*

Licensed Embalmer No. *389*

P. O. Address *Bethany,*

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.