

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10275

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3057 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES		c. LENGTH OF STAY (in this place) 15 Mos.	c. CITY OR TOWN ST. CHARLES
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) BERNICE ZOLA DARNELL		4. DATE OF DEATH (Month) (Day) (Year) MARCH 31 1956	

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 5, 1890	9. AGE (In years last birthday) 65	10. UNDER 1 YEAR (Months) (Day) 3 26	11. UNDER 1 HRS. (Hour) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and State or Foreign Country) GRAND RAPIDS, MICH.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME (UNKNOWN) FISK	13b. MOTHER'S MAIDEN NAME EDNA KEYES	14. NAME OF HUSBAND OR WIFE WM. OTIS DARNELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NOT	17. INFORMANT'S SIGNATURE OR NAME WM OTIS DARNELL ADDRESS ST. CHARLES, MO.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Diabetes mellitus Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis		INTERVAL BETWEEN ONSET AND DEATH 5 minutes Unknown 10 years unknown
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19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **Feb. 23, 1956**, to **March 31, 1956**, that I last saw the deceased alive on **March 31, 1956**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Don Z. Randall, M.D.	23b. ADDRESS 207 N. 5th St. Charles, Mo.	23c. DATE SIGNED March 31, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE APRIL 2, 1956	24c. NAME OF CEMETERY OR CREMATORY PHELPS CEMETERY
24d. LOCATION (City, town, or county) PHELPS, MO.	24e. STATE Mo.	25. FUNERAL DIRECTOR'S SIGNATURE G. L. Prinster ADDRESS St. Charles, Mo.
DATE REC'D BY LOCAL REG. April 2, 1956	REGISTRAR'S SIGNATURE Fannie Hamilton	

(Licensed Embalmer's Statement on Reverse Side) PRINSTER-HUGHES FUNERAL HOME INC.

APR 10 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, ~~_____~~, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Etienne P. Remelun*.....

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.