Health, & Welfare Public Service

. 300
. 1-56 0

FILED JUN 3 1957

STANDARD CERTIFICATE OF DEATH

16034
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY: Adair	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Shelby
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville — Inside Limits: Yes X No ☐	c. CITY OR TOWN: Shelbina, 1020 — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Laughlin — Length of stay in lb: 4 days	d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Anna	Middle: L.	Last: Darnell
4. DATE OF DEATH	Month: 5	Day: 21	Year: 1957
5. SEX: Female 1	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐ 2	8. DATE OF BIRTH: Jan. 10-1877
9. AGE (In years last birthday): 80	IF UNDER 1 YEAR: Months 4 Days 11	IF UNDER 24 HRS.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Same	11. BIRTHPLACE (City and state or country): Bowling Green, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Marsh		14. MOTHER'S MAIDEN NAME: Mary Inge	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: X	17. INFORMANT Address: Mrs. Claude Loflin Shelbina, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Massive coronary occlusion	App. 6 Hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	Unknown
DUE TO (c)	Hypertensive vascular disease	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Light cerebral thrombosis 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-18-57, to 5-22-57 and last saw her/him alive on 5-22-57
Death occurred at 9:45 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jack Ayter D.O. 2	22b. ADDRESS: Kirksville, Mo.	22c. DATE SIGNED: 5-29-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5-23-1957	23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.	23d. LOCATION (City, town, or county) (State): Shelbina, Missouri
24. FUNERAL DIRECTOR ADDRESS: Barkelew & Davis Shelbina, Mo.		25. DATE RECD. BY LOCAL REG.: 5-31-1957	26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

535 0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed James D. Davis

Licensed Embalmer No. 44

P. O. Address Shelbina,

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