

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014028

FILED VS MAY 2 1960

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		c. CITY OR TOWN Kirksville	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirksville Osteopathic		d. STREET ADDRESS (if outside, give location) Downing Tr. Court	
3. NAME OF DECEASED (Type or print) First William Middle Madison Last Darnel		4. DATE OF DEATH Month April Day 25 Year 1960	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/22/89
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) invalid		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Lincoln County, Neb. USA
12. CITIZEN OF WHAT COUNTRY USA		13. NAME OF HUSBAND OR WIFE Mrs. M.M. Biggs-Kirkville,	
13a. FATHER'S NAME Wm. Henry Darnel		13b. MOTHER'S MAIDEN NAME Euphane Brown	
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.	
17. INFORMANT Mrs. M.M. Biggs-Kirkville,		Address Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Failure DUE TO (b) Generalized Carcinomatosis DUE TO (c) Carcinoma of Urinary Bladder Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <u>4-12-60</u> to <u>4-25-60</u> and last saw him alive on <u>4-25-60</u> Death occurred at <u>2:57</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W.B. Mcaney & Co (Degree or title)		22b. ADDRESS Kirkville Missouri	
22c. DATE SIGNED 4-26-60		23a. BURIAL (Specify) 4-27-60	
23b. DATE 4/27/60		23c. NAME OF CEMETERY OR CREMATORY Yarrow Cemetery	
23d. LOCATION (City, town, or county) Yarrow, Mo.		(State)	
24. FUNERAL DIRECTOR Davis & Davis ADDRESS Kirksville		25. DATE RECD. BY LOCAL REG. 4-28-1960	
26. REGISTRAR'S SIGNATURE Dora W. Ratliff			

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

W. E. MEANEY, D. O.

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kershville

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.