MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-030237
STATE FILE NUMBER

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 126

FILED AUG 24 1961

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti — Length of stay in 1b: 1 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pemiscot Cty.Mem.Hsp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Braggadocio — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Box 255 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First John Middle William Last Darnell
4. DATE OF DEATH Month August Day 15, Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8/3/05
9. AGE (last birthday) 56
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) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building Trade
11. BIRTHPLACE (City and state or country) Braggadocio,Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Jackson Darnell
13b. MOTHER'S MAIDEN NAME Gertrude Bell Hodge
14. NAME OF HUSBAND OR WIFE Florence Darnell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
17. INFORMANT Mrs. Florence Darnell-Mo. Address Braggadocio, Box 255

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer of Lung — INTERVAL BETWEEN ONSET AND DEATH 8 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
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 Feb 1961 to Aug. 15, 1961 and last saw her/him alive on Aug 15, 1961
Death occurred at 10:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Warren R. McCoy MD (Degree or Title) — 22b. ADDRESS Caruthersville Mo — 22c. DATE SIGNED 8/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/17/61
23c. NAME OF CEMETERY OR CREMATORY Maple Cemetery
23d. LOCATION (City, town, or county) (State) Caruthersville,Missouri
24. FUNERAL DIRECTOR H.S.Smith Funeral Home-C'ville.Mo. — ADDRESS
25. DATE RECD. BY LOCAL REG. 8-21-61
26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

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. Denver Pike

Licensed Embalmer No. 4484

P. O. Address Carutherseville, 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.