

No. 300  
10.48

FILED MAR 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8217

4600

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 533-6 Registrar's No. 350

1. PLACE OF DEATH a. COUNTY <u>Howell</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Howell</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn View, Mo</u>		c. LENGTH OF STAY (In this place) <u>19 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain View</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Home Waldobury</u>			d. STREET ADDRESS (If rural, give location) <u>R. Waldobury Mo</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Hamil</u> c. (Last) <u>Daniels</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar 30, 1881</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Tate Co Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Bert Daniels</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Inman</u>		14. NAME OF HUSBAND OR WIFE <u>Widowed</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Minor Daniels</u> ADDRESS <u>Mtn View, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epithelioma - left lower eyelid</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input 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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:30 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>William H. Smith, M.D., Coroner Howell Co. Missouri</u> (Degree or title)			23b. ADDRESS <u>Howell Co. Missouri</u>		23c. DATE SIGNED <u>21 Feb '49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-24-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walker Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn View, Mo</u>
DATE REC'D BY LOCAL REG. <u>2-24-49</u>		REGISTRAR'S SIGNATURE <u>Laura Mitchell</u> <u>126</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home</u> ADDRESS	

RECEIVED - 2-28-49

District Health Officer No. 5,

District File Number 249 172

Date Filed 3-21-49

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 .....  
Student Embalmer

Signed Joe S. Duncan

Licensed Embalmer No. 4325

P. O. Address W. View, Me

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 this body is not embalmed, fact should be so stated above.