

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19981

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 289

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>	
c. LENGTH OF STAY (In this place) <u>10 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>201 LAUREL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSP. 0</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ERMA</u> b. (Middle) <u>MAE</u> c. (Last) <u>McDANIEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 30 1949</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>AVG. 24, 1911</u>		9. AGE (In years last birthday) <u>37</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>	

13a. FATHER'S NAME <u>TATE C WALKER</u>		13b. MOTHER'S MAIDEN NAME <u>CLARA KIBLER</u>		14. NAME OF HUSBAND OR WIFE <u>LLOYD McDANIEL</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LLOYD McDANIEL 2101 LAUREL</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular Collapse</u>		<u>6 hrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Toxemia</u>		<u>1 day</u>
	DUE TO (c) <u>Intestinal obstruction</u>		<u>3 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Essential hypertension</u>			<u>3 yrs</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>4221</u>	
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 June 27, 1949, to June 30, 1949, that I last saw the deceased alive on June 30, 1949, and that death occurred at 10:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James M. D.</u>		23b. ADDRESS <u>Franklin Bldg - Joplin, Mo</u>		23c. DATE SIGNED <u>7-1-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEM. PK.</u>	
24d. LOCATION (City, town, or county) (State) <u>JOPLIN Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HURLBUT-GLOVER JOPLIN</u>			
DATE REC'D BY LOCAL REG. <u>7/1/49</u>		REGISTRAR'S SIGNATURE <u>Ed A. Jones 156</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-5-49

Jasper County Health Office

County File Number 49-7-520

Date Filed 7-9-49

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 _____

Pat Hale

Student Embalmer No. 317

working under my personal supervision.

Student *Pat Hale*
Student Embalmer

Signed *Paul Glover*

Licensed Embalmer No. 4593

P. O. Address *Joplin, 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 this body is not embalmed, fact should be so stated above.