

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5842 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dayton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>2 1/2 miles NE. of Racine</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Truda</u> c. (Last) <u>McDaniel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 9, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 16, 1886</u>
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Henry McDaniel</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Wilkins</u>	14. NAME OF HUSBAND OR WIFE <u>Viola</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>491-01-3653</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. F. McDaniel Neosho, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Gastritis</u> ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>XX</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Dayton rural newton MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XX</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>XX</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to <u>June 9, 19 49</u> , that I last saw the deceased alive on <u>XXXXXXXXXX</u> , and that death occurred at <u>4 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. S. Mendenhall D.O.</u>		23b. ADDRESS <u>Seneca, Mo.</u>	23c. DATE SIGNED <u>June 10,</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 12, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burkhart Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Racine Missouri</u>
DATE REC'D BY LOCAL REG. <u>6-11-49</u>	REGISTRAR'S SIGNATURE <u>Phyllis Brite</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Bidlee</u>	ADDRESS <u>Seneca Mo.</u>

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

RECEIVED
District Health Officer No. *Newton*
District File Number *649-106*
Date Filed *JUN 13 1949*

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 *W E Biddlecome*

Licensed Embalmer No. *2174*

P. O. Address *Seneca 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.