

FILED SEP 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29587

BIRTH NO.		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4100		Registrar's No. 743			
1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Strasburg</b>		c. LENGTH OF STAY (in this place) <b>Years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Strasburg</b>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home</b>				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry</b>			b. (Middle) <b>Ernest</b>		c. (Last) <b>Daniels</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 15 49</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 1 1881</b>		9. AGE (In years last birthday) <b>68</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Telephone</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Telephone Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Hapersville, Ill.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Walter F. Daniel</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Saylor</b>			14. NAME OF HUSBAND OR WIFE <b>Sally Daniels</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>186-03-8053</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Sally Daniels Strasburg, Mo.</b>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  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. <b>Arterio-sclerosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <b>Sept 15, 1949</b> , to _____, 19____, that I last saw the deceased alive on <b>Sept 15, 1949</b> , and that death occurred at <b>2:15 A. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>W Beckerman</b>				(Degree or title) <b>D. M. D.</b>		23b. ADDRESS <b>Strasburg Mo</b>		23c. DATE SIGNED <b>9/16/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>9-17-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Pleasant Hill, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>Sept 17, 1949</b>		REGISTRAR'S SIGNATURE <b>Laura J. Jones</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen Crawford</b>		ADDRESS <b>Pleasant Hill</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

19  
0S. No. 300  
V. 10.48

SEP 29 1944

**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..... *Glenn A. Hill* .....

Licensed Embalmer No. *4586* .....

P. O. Address *Placat Hill, 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.