

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30180

State File No. _____

| | | | | | | | |
|---|--|--|----------------------|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>147</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>3734</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>47 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>1005 Summit</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 17</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8 29 1949</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>B.</u> c. (Last) <u>Daniels</u> | | | 5. SEX <u>female</u> | | | | |
| 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u> | | 8. DATE OF BIRTH <u>Feb. 1, 1872</u> | | 9. AGE (In years last birthday) <u>77</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Metropolis, Illin ois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | | 14. NAME OF HUSBAND OR WIFE <u>George B. Daniels</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>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gertrude Roberts 1005 Summit</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxic psychosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION <u>584X</u> | | | |
| 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) | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 <u>Aug. 9, 1949</u> , to <u>Aug. 29, 1949</u> , that I last saw the deceased alive on <u>Aug. 29, 1949</u> , and that death occurred at <u>5:15 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title) | | | | 23b. ADDRESS <u>Med. Dir. Gen'l. Hosp.</u> | | 23c. DATE SIGNED <u>8-29-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>aug 31</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. C. Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>8-30-49</u> | | REGISTRAR'S SIGNATURE <u>Staldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Wagner</u> | | ADDRESS <u>St. C. Mo.</u> | |
| (Licensed Embalmer's Statement on Reverse Side) | | | | | | | |

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

for Payne

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 _____

A. R. Haunschild

Licensed Embalmer No. _____

4159

P. O. Address _____

Kansas City 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.