S. No. 300
Rev. 10.48

82

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42040

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 6964 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Pettis
c. LENGTH OF STAY (In this place): 80 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo
b. COUNTY: Platte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville RFD 2 – Pettis
d. STREET ADDRESS (If rural, give location): 3 miles East of Parkville

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): nor
c. (Last): Daniel

4. DATE OF DEATH (Month) (Day) (Year): Nov. 20 – 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 29 – 1869
9. AGE (In years last birthday): 80
If under 1 year: Months: 3 Days: 21
If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone Contractor
10b. KIND OF BUSINESS OR INDUSTRY: building
11. BIRTHPLACE (State or foreign country): Parkville Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Daniel
13b. MOTHER'S MAIDEN NAME: Mary Larkin
14. NAME OF HUSBAND OR WIFE: Belle Williams, Parkville Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Wm. Walker
ADDRESS: Parkville Mo

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) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none
DUE TO (c) none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about house, 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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1949, *to* Nov 20, 1949, *that I last saw the deceased alive on* Nov. 19, 1949, *and that death occurred at* 2 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Underwood – MD
23b. ADDRESS: Parkville Mo
23c. DATE SIGNED: 11/22/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 22 – 1949
24c. NAME OF CEMETERY OR CREMATORY: Parkville Cemetery
24d. LOCATION (City, town, or county) (State): Parkville Platte Mo

DATE REC'D BY LOCAL REG.: 11-21-49
REGISTRAR'S SIGNATURE: Ophia Rocers 257
25. FUNERAL DIRECTOR'S SIGNATURE: Leland H. Francis
ADDRESS: Parkville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6
District File Number
Date Filed 12-20-49

N.KC - 16
R785 Oakwood

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, ~~and~~ _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Leland H. Francis
Licensed Embalmer No. 3451
P. O. Address Parkville 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.