

FILED FEB 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 5388

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5-65-6 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **Lawrence**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Chesapeake, Mo.**
c. LENGTH OF STAY (in this place) **25 Yrs**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Ozark Hosp**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Jasper**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Joplin**
d. STREET ADDRESS (If rural, give location) **925 Chestnut -**

3. NAME OF DECEASED
a. (First) **Vivian** b. (Middle) **A.** c. (Last) **Daniel**

4. DATE OF DEATH (Month) (Day) (Year)
Jan 12 1950

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH **March 7, 1892**

9. AGE (In years last birthday) **57** IF UNDER 1 YEAR: Months **10** Days **5** IF UNDER 24 HRS. Hours **5** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Salesman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Spokane, Washington

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Fred M. Daniel

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Etta Daniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)
Yes WW # 1

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Etta Daniel, 925 Chestnut Joplin 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Broken neck**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.
DUE TO (b) **car leaving road on curve.**
DUE TO (c) **no other vehicle involved.**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Driver of car.

INTERVAL BETWEEN ONSET AND DEATH
Inst
88234
32

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
055

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Hy 166

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Turnback Lawrence Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)
1-12-50 6:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
Car wreck - ROR

22. I hereby certify that I attended the deceased from **after death** 19 **1/12**, 19**50** that I last saw the deceased alive on **19**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Sherman Burridge** 3 (Degree or title)

23b. ADDRESS **Marionville Mo.**

23c. DATE SIGNED **1/19/50**

24a. BURIAL CREMATION, REMOVAL (Specify)
Burial

24b. DATE **Jan 16, 1950**

24c. NAME OF CEMETERY OR CREMATORY **Ozark Memorial**

24d. LOCATION (City, town, or county) (State)
Joplin, Mol.

DATE REC'D BY LOCAL REG. **1-20-50** REGISTRAR'S SIGNATURE **W.S. Burridge**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Parker-Hunsaker Mortuary Joplin Mo.

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

21 1950

RECEIVED FEB 18 1950
District Health Office No. 6.
District File Number 250-227
Date Filed 2-18-50

RECEIVED

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 F. M. Jones

Licensed Embalmer No. 2319

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.