•	<b>FLED</b> APR	6 1950		IE <b>DIVISION</b> OF HE ANDARD CERTIF			Stat	r File No		608
-	BIRTH NO		_ REG. (	DIST. NO. 32	PRIMARY REG. D	IST. NO. <u>3</u>	<b></b>	strar's No.		*
フ	I. PLACE OF DEA a. COUNTY BOL	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri. b. COUNTY Bollinger.								
,	b, CITY (If outside on OR TOWN Rura	c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN Rural.								
7	d. FULL NAME OF (I HOSPITAL OR INSTITUTION	d. STREET (H rural, give location) ADDRESS Hahn. MO.				O				
	3. NAME OF DECEASED (Type or Print)	a. (First) Danial	···········	b. (Middle) Morion	c. (Last)		4. DATE OF DEATH	(Month)	(Day) 26	(Year) 50
		color or race white	7. MAR WIDO n.e	RIED, NEVER MARRIED (1) WED. DIVORCED (8pecify) VOI MAIT 100	<u> </u>	H /885	9. AGE (In ye	are if there		ORDER 11 HRS.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR IN-		11. BIRTHPLACE (State or foreign country) Missouri. Cape C			ounty U.S.A.		EN OF WHAT
	13a. FATHER'S NAME UNKNOWN		13b. MOTHER MAIDEN Unknown		NAME		ME OF HUSBAN		E	
	15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no. of unknown) (If yes, sive war or dates of so			16. SOCIAL SECURITY NO.	County				rble	hill.
	18. CAUSE OF DEATH Enter only one osuse per line for (a), (b), and (c)  *This does not mean the mode of dying, such Morbid conditions, if any, giving DUE TO (b)  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH*(a)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)							lini		AL BETWEEN AND DEATH
	as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-		DUE TO (c)					: ·		
	tion which caused death.	OTHER SIGNIFICANT CONDITIONS     Conditions contributing to the death but not related to the disease or condition cousing death.							5%	2X
	19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF			OPERATION		• •	•		20, AUT	OPSY7
	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACI bome, farm.	EOFINJURY (e.g., in or about factory, street, office bidg., etc.)	21c. (CITY, TOWN	, or townshi	P) (C	OUNTY)	(S	TATE)
	21d. TIME (Month) OF INJURY	(Day) (Year) (		216, INJURY OCCURRED WHILE AT WORK	21f. HOW DID IN.	IURY OCCUR?				
	22. I hereby certify that I attended the deceased from 3/24/5, 19, to 3/24/5, 19, that I last alive on 3/24/5, 19, 19, 12, and that death occurred at 4/1, m., from the causes and on the date stated									e deceased
	23a. SIGNATURE	I M	3/2	(Degree or title)	236. ADDRESS	soil	le M	0	23c. DA	TE SIGNED
	24a./BURIAL CREMA- TION/REMOVAL (B. 141) /BUT 1811	24b. DATE 3-27-5	0	24c. NAME OF CEMETER	unty Gem	Lute	ATION (OLLY, LO ESVILLE	wn, or cour	ıt <b>y</b> )/	(State)
4	DATE REC'D BY LOCAL REG.	REGISTRAR'S S	IGNATUR	25 0	Shilley	Mark	- Loule	mil	DEES	no.
R		<del></del>		(Licensed Embelmer's 9	teterment on Diame	. C14.3				<del></del>

## RECEIVED

APR 5 1950

DISTRICT HEALTH OFFICE No.

Filo No. 450-512

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certific	icate was emban	med by me, or by	
	udent Embalmer	No	
working under my personal supervision.			

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Will— Quilballued