

FILED JUN 11 1950

STANDARD CERTIFICATE OF DEATH

State File No. 17141

BIRTH NO. 35139-50 REG. DIST. NO. 186 PRIMARY REG. DIST. NO. 200 Registrar's No. 215

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (in this place) 13 Hours		d. STREET ADDRESS (If rural, give location) 602 Oliver Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital		0495	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Infant	b. (Middle) McDaniel	c. (Last)	(Month) June	(Day) 8	(Year) 1950

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH June 8, 1950	9. AGE (in years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Min. 13
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY Child	11. BIRTHPLACE (State or foreign country) Joplin, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME John R. McDaniel	13b. MOTHER'S MAIDEN NAME Selma Price	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME John R. McDaniel (Father)	ADDRESS Joplin, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity & immaturity, some 5 1/2 months		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) maternal abruptio & incompetent cervical os.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	19c. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from 6-8, 1950, to 6-8, 1950, that I last saw the deceased alive on 6-8, 1950, and that death occurred at 6:30 p m., from the causes and on the date stated above.

23a. SIGNATURE John E. Burch, M.D. (Degree or title)	23b. ADDRESS 804 Frisco Bldg, Joplin, Mo	23c. DATE SIGNED 6-9-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-9-1950	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
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DATE REC'D BY LOCAL REG. 6-9-50	REGISTRAR'S SIGNATURE Edith [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mortuary,	ADDRESS Joplin, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

495

RECEIVED 6-12-50

Jasper County Health Office

County File Number 50-6-468

Date Filed 6-12-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Charles E. Frey

Signed.....
Student Embalmer

Licensed Embalmer No. 4768

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.