

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25803

BIRTH NO.		REG. DIST. NO. 391	PRIMARY REG. DIST. NO. 6153	Registrar's No. 27
1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY STODDARD		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R # Rural Pike 7 yds		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL PIKE 1030		
d. FULL NAME OF HOSPITAL OR INSTITUTION Advance R # 1		d. STREET ADDRESS (If rural, give location) ADVANCE, MO. R-1		
3. NAME OF DECEASED (Type or Print) Clay		a. (First) b. (Middle) c. (Last) McDaniels		4. DATE OF DEATH (Month) (Day) (Year) July 25, 1950
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1	8. DATE OF BIRTH Sept 7, 1902	9. AGE (In years last birthday) 47
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry Mc Daniels		13b. MOTHER'S MAIDEN NAME Mary Fosley	14. NAME OF HUSBAND OR WIFE Marie Mc Daniels	
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 Marie Mc Daniels	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute attack myocarditis		INTERVAL BETWEEN ONSET AND DEATH Sudden
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) _____		
		DUE TO (c) _____		
		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		4222
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
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)
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00 a. m., from the causes and on the date stated above.				
23a. SIGNATURE Clay W. Rainey 3		23b. ADDRESS Dexter, Mo.		23c. DATE SIGNED 7-29-50
24a. FUNERAL CREMATION REMOVAL (Specify) _____		24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park	24d. LOCATION (City, town, or county) (State) Advance, Mo.
DATE REC'D BY LOCAL REG. 8-1-1950		REGISTRAR'S SIGNATURE Belvin Maden 360		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Doyds S. Morgan, Advance 87005

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 10 1950

District Health Office No. 6,

District File Number _____

Date Filed _____

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 _____

William H. Morgan

working under my personal supervision.

Student Embalmer No. _____

Signed.....
Student Embalmer

Signed *William H. Morgan*

Licensed Embalmer No. *4640*

P. O. Address *Adrian, 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.