

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29446

BIRTH NO. _____ REG. DIST. NO. 421 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1028

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2715 Doniphan</u>		d. STREET ADDRESS (If rural, give location) <u>2715 Doniphan</u>	
3. NAME OF DECEASED a. (First) <u>Ethel</u> b. (Middle) <u>Jean</u> c. (Last) <u>Daughters</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-9-1950</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>9-22-1893</u>
9. AGE (In years last birthday) <u>56</u>		10. MONTHS <u></u> DAYS <u></u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laundry worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>hospital</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>J. C. VanAnder</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Jean Heberling</u>	14. NAME OF HUSBAND OR WIFE <u>George E. Daughters</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Vivian Clemens 1821 Jules St. Joseph,</u>
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) <u>Coronary Thrombosis</u> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>	
21a. ACCIDENT (Specify) <u>SUICIDE HOMICIDE</u>	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 (Month) (Day) (Year) (Hour) <u>4:15 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 <u>4:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. P. Barle M.D.</u> (Degree or title)		23b. ADDRESS <u>706 Francis</u>	23c. DATE SIGNED <u>9-11-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9-11-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>
DATE REC'D BY LOCAL REG. <u>Sept. 12, 1950</u>	REGISTRAR'S SIGNATURE <u>K. B. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter - Bowman</u>	ADDRESS <u>St. Joseph, Mo.</u>

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

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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....
James B. Hawkins
Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. J.

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.