

FILED SEP 20 1950

STANDARD CERTIFICATE OF DEATH

State File No. 29808

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 4138 Registrar's No. 62

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY CLINTON                                    |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Mo. b. COUNTY Clinton |  |
| b. CITY (If outside corporate limits, write RURAL and give town) LATHROP. |  | c. CITY (If outside corporate limits, write RURAL and give township) Lathrop   |  |
| c. LENGTH OF STAY (in this place) 36yr.                                   |  | d. STREET ADDRESS (If rural, give location)  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION                                   |  |  |  |

|  |  |                        |  |  |   |
|--|--|------------------------|--|--|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) THOMAS b. (Middle) GATWOOD c. (Last) DANIELS  |  |                        | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>9 - 4 - 50 |  |   |
| 5. SEX MALE  |  | 6. COLOR OR RACE White |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED |   |
| 8. DATE OF BIRTH FEB. 20 - 1875  |  |                        | 9. AGE (In years last birthday) 75                     |  | 10. CITIZEN OF WHAT COUNTRY? U. S.                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer |  |                        | 10b. KIND OF BUSINESS OR INDUSTRY Farming              |  | 11. BIRTHPLACE (State or foreign country) Clay County Tennessee |

|   |  |                                   |  |  |  |
|---|--|-----------------------------------|--|--|--|
| 13a. FATHER'S NAME Elijah Daniels   |  | 13b. MOTHER'S MAIDEN NAME unknown |  | 14. NAME OF HUSBAND OR WIFE deceased                           |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no |  | 16. SOCIAL SECURITY NO. none      |  | 17. INFORMANT'S SIGNATURE AND ADDRESS Earl Daniels Lathrop Mo. |  |

|   |  |  |  |  |                                  |
|---|--|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis   |  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Hypertensive Heart |  |  |                                  |
|   |  | DUE TO (c)   |  |  |                                  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                    |  |  | 4/201                            |

|  |  |  |  |   |   |  |
|--|--|--|--|---|---|--|
| 19a. DATE OF OPERATION                             |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   | 20. AUTOPSY?<br>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) m. |  | 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 Sep - 1, 1950, to 9 - 4 - 1950, that I last saw the deceased alive on 9 - 4 - 1950 and that death occurred at 1:30 PM, from the causes and on the date stated above.

|                                  |  |                           |  |                         |  |
|----------------------------------|--|---------------------------|--|-------------------------|--|
| 23a. SIGNATURE L. Longfield M.D. |  | 23b. ADDRESS Lathrop, Mo. |  | 23c. DATE SIGNED 9/6/50 |  |
|----------------------------------|--|---------------------------|--|-------------------------|--|

|  |  |                  |  |   |  |   |  |
|--|--|------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial |  | 24b. DATE 9-6-50 |  | 24c. NAME OF CEMETERY OR CREMATORY Lathrop Cemetery |  | 24d. LOCATION (City, town, or county) (State) Lathrop Mo. |  |
|--|--|------------------|--|---|--|---|--|

|                                 |  |   |  |   |  |
|---------------------------------|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. 9-5-50 |  | REGISTRAR'S SIGNATURE Winifred W. Moser |  | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS de Moss Crunk Cameron, Mo. |  |
|---------------------------------|--|---|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

50  
1



MAR 31 1951

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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lathrop, 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.