

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36989
4765

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>45 yrs.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2621 Elmwood</u>		d. STREET ADDRESS (If rural, give location) <u>2621 Elmwood</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rufus</u>	b. (Middle) <u>Delon</u>	c. (Last) <u>Daniel</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>Rufus</u>	<u>Delon</u>	<u>Daniel</u>	<u>11</u> <u>11</u> <u>1950</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u>	8. DATE OF BIRTH <u>March 10, 1880</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Traveling auditor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Smithton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>John F. Daniel</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Stanton</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Estella Daniel</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>XX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Estella Daniel</u>	ADDRESS <u>2621 Elmwood</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>ADAMS-STOKES SYNDROME</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>RHEUMATOID ARTHRITIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 9-1, 1949, to 11-11, 1950, that I last saw the deceased alive on 11-11, 1950, and that death occurred at 9:40 P.m., from the causes and on the date stated above.

23. SIGNATURE <u>Jack C. Vincent</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>205 ARGYLE BLDG, K.C. Mo</u>	23c. DATE SIGNED <u>11-12-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11/14/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cntry.</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-13-50</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bentley Mortuary</u>	ADDRESS <u>5811 Troost</u>
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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.

Student Embalmer No.....

Signed.....

Guy Buffington
Licensed Embalmer No. *2756*

Signed.....
Student Embalmer

P. O. Address *D.C. 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.