

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40522**

FILED JAN 2 1950

BIRTH NO. 26799-50 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 72

46

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

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>314 Johnson</u>	
c. LENGTH OF STAY (In this place) <u>5 mos</u>		d. STREET ADDRESS <u>West Plains Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dana</u> b. (Middle) <u>Corwin</u> c. (Last) <u>Daily</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-17-50</u>	
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>5-26-1950</u>	9. AGE (In years last birthday) <u>3</u> IF UNDER 1 YEAR <u>28</u> Days	IF UNDER 24 Hrs. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, annual if retired) <u>Physician</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Corwin Daily</u>	13b. MOTHER'S MAIDEN NAME <u>Requena DeGera</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Corwin Daily, West Plains Mo</u> ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>  <u>2 days</u>  <u>49 2X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Convulsions</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Atypical pneumonia</u> DUE TO (c) <u>Prematurity</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity</u>			

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)	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 11-18-1950 to 11-17-1950, that I last saw the deceased alive on 11-17-1950, and that death occurred at 2:10 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. C. Bohrer, M.D.</u>	23b. ADDRESS <u>West Plains, Mo</u>	23c. DATE SIGNED <u>12-1-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-20-50</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Roberts</u> ADDRESS <u>West Plains Mo</u>
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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED DEC 27 1950

Dist. File 1250-2572

Date Filed 12-27-50

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed D. D. Robertson.....

Licensed Embalmer No. 3437.....

P. O. Address West Plains 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.