

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41537**

FILED JAN 4 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>221</u> -		PRIMARY REG. DIST. NO. <u>4331</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jamestown, Mo. Linn</u>		c. LENGTH OF STAY (In this place) <u>30 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jamestown, Mo Linn</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jamestown, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Jamestown, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>McDaniel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 28 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar 21, 1870</u>	
9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>9</u>		11. DAYS <u>7</u>		12. IF UNDER 18 HRS. <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Squire Houk</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Germinder</u>		14. NAME OF HUSBAND OR WIFE <u>Christian McDaniel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. E. Spomer</u> ADDRESS <u>Jamestown, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Gallbladder</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				<u>155X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Jamestown Moniteau MO</u>			
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 <u>May 1, 1948</u> , to <u>Dec 28, 1950</u> , that I last saw the deceased alive on <u>Dec 3, 1950</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. E. Spomer, 2 S.O.</u> (Degree or title)				23b. ADDRESS <u>California, MO</u>		23c. DATE SIGNED <u>12/29/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/31/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jamestown, MO</u>	
DATE REC'D BY LOCAL REG. <u>Dec 30-1950</u>		REGISTRAR'S SIGNATURE <u>Yada M. Snow</u> 199		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl B. Bondin</u> ADDRESS <u>California</u>			

RECEIVED

1/3/51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1/3/51

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 _____

Jack H. Bowlin

working under my personal supervision.

Student Embalmer No. 392

Signed Jack H. Bowlin
Student Embalmer

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California

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.