

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43380

State File No.

FILED JAN 15 1951

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 192

1. PLACE OF DEATH
a. COUNTY Vernon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Vernon

b. CITY (If outside corporate limits, write RURAL and give township) Nevada
OR TOWN
c. LENGTH OF STAY (In this place) 22 years

c. CITY (If outside corporate limits, write RURAL and give township) Nevada
OR TOWN

d. FULL NAME OF HOSPITAL OR INSTITUTION 508 East Ashland

d. STREET ADDRESS (If rural, give location) 508 E. Ashland

3. NAME OF DECEASED
a. (First) Harry b. (Middle) Lee c. (Last) McDaniel

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 28 1950

5. SEX M

6. COLOR OR RACE Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 17, 1890

9. AGE (In years last birthday) 60
UNDER 1 YEAR Months Days # UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbing

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. Frank McDaniel

13b. MOTHER'S MAIDEN NAME Martha Enoch

14. NAME OF HUSBAND OR WIFE Theora McDaniel

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. 402-18-1129

17. INFORMANT'S SIGNATURE OR NAME Theora McDaniel ADDRESS 508 E. Ashland Nevada, Mo.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of the pancreas with extensive metastasis in the lungs.
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.
157X

INTERVAL BETWEEN ONSET AND DEATH
1 plus years.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Oct. 9, 1950, to Dec. 28, 1950, that I last saw the deceased alive on Nov. 22, 1950, and that death occurred at 1:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS Moore Building, Nevada, Mo.

23c. DATE SIGNED 12/29/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 30, '50

24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park

24d. LOCATION (City, town, or county) (State) Nevada Missouri

DATE REC'D BY LOCAL REG. Jan. 2 '51

REGISTRAR'S SIGNATURE 331 Kathryn H. Yarnall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Nevada

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

1961 61 701

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 8 1951

Dist. File 157-70

Date Filed 1-8-51

AUG 22 1956

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

C. B. Feun

Signed.....
Student Embalmer

Licensed Embalmer No. 1760

P. O. Address Neivada 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.