

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 12 1951

State File No. 43688
Registrar's No. 178

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 6038

910
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY RIPLEY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RIPLEY	
b. CITY (If outside corporate limits, write RURAL and give township) FLATWOODS TWP		c. CITY (If outside corporate limits, write RURAL and give township) FLATWOODS TWP	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE	b. (Middle) A.	c. (Last) DANIEL	4. DATE OF DEATH (Month) (Day) (Year) 12-15-1950
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5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-26-1896	9. AGE (In years last birthday) 53	10. MONTHS 11	11. DAYS 20	12. CITIZEN OF WHAT COUNTRY? U.S.A
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) NORTH CAROLINA	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME NEWT DANIEL	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MAY DANIEL
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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. 527-10-9173	17. INFORMANT'S SIGNATURE OR NAME Miss May Daniel Flatwood	ADDRESS Mo
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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 4/201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION embolus of heart	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 **Dec 10, 1950** to **Dec 15, 1950**, that I last saw the deceased alive on **19**, and that death occurred at **11** m., from the causes and on the date stated above.

23a. SIGNATURE E. Williams MD	(Degree or title)	23b. ADDRESS Danville Mo	23c. DATE SIGNED Jan 25 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-12-1950	24c. NAME OF CEMETERY OR CREMATORY CENTER HILL CEMETERY	24d. LOCATION (City, town, or county) (State) RIPLEY COUNTY MO
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DATE REC'D BY LOCAL REG. 1-10-51	REGISTRAR'S SIGNATURE E. O. Johnston	25. FUNERAL DIRECTOR'S SIGNATURE F. W. Edwards	ADDRESS Danville
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RECEIVED

FEB 8 1951

DISTRICT HEALTH OFFICE No. 6

Handwritten notes and signatures, including names like 'A. DUNN' and 'W. J. ...' and dates like '12-21-50'.

Handwritten notes and signatures, including 'W. J. ...' and 'Wm. Dunne'.

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.....

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

Handwritten notes at the bottom left of the page.