

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 407

BIRTH NO. _____		REG. DIST. NO. 50		PRIMARY REG. DIST. NO. 4070		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Stoutland</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stoutland</u>		c. LENGTH OF STAY (in this place) <u>None</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stoutland</u>		MO 0150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
DANIEL ALFORD		- ARCHER		4. DATE OF DEATH		(Month) (Day) (Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH	
9. AGE (In years last birthday) <u>67</u>		10. MONTH <u>8</u>		11. DAY <u>3</u>		12. YEAR <u>1951</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>near Stoutland Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Marion Archer</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Kessinger</u>		14. NAME OF HUSBAND OR WIFE <u>Anne Archer</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>Mona Archer, Stoutland</u>		ADDRESS <u>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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease</u>  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.				INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u>  <u>443x</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural death</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Stoutland Camden MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		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>1946</u> , 19 <u>46</u> , to <u>Jan</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 27 1951</u> , and that death occurred at <u>11:50 pm.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>L. E. Carlton</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Stoutland Mo</u>		23c. DATE SIGNED <u>Jan 27 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan 28-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stoutland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoutland MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 29 1951</u>		REGISTRAR'S SIGNATURE <u>Bilpha J. Law</u>		42		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Evans</u>	
						ADDRESS <u>Stoutland Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

**RECEIVED** 2-3-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed. 2-3-51

---

---

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

*This body was not embalmed*

Student \_\_\_\_\_  
Student Embalmer

Signed *Virgil E. Smith*

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.