

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 19 1951
004

State File No. _____
Registrar's No. 21

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Merica</u>	c. LENGTH OF STAY (In this place) <u>1 1/2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>	0041
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Allen Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>317 N. Hwy 54</u>	

3. NAME OF DECEASED (Type or Print) <u>Garnie McPike Daniel</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 5 - 1951</u>		
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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>Nov 13 - 1859</u>	9. AGE (In years last birthday) <u>91</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Like County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Carroll McPike</u>	13b. MOTHER'S MAIDEN NAME <u>Eden Ferguson</u>	14. NAME OF HUSBAND OR WIFE <u>C. H. Daniel Jr</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>McDaniel Jr</u> ADDRESS <u>Vandalia Mo</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Surgical Shock - falling patient</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Chronic degenerative myocarditis</u>		<u>10 years</u>
	DUE TO (c) _____		<u>9220</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>A</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Falling from ladder</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, canoe bldg., etc.) <u>Allen Nursing Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Merica Audrain Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 5 51 7:30 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell as I helped - fractured right hip - dislocated</u>
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22. I hereby certify that I attended the deceased from Feb 5, 1951, to 7:30 P, 1951, that I last saw the deceased alive on Feb 5, 1951, and that death occurred at 8:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry J O'Brien M D O</u>	23b. ADDRESS <u>Merica Mo</u>	23c. DATE SIGNED <u>2-7-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 7, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb 7-1951</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. Waters</u>	ADDRESS <u>Vandalia, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: FEB 12 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-27-377
Date Filed: FEB 16 1951

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Thos. B. Waters

Signed.....
Student Embalmer

Licensed Embalmer No. *4169*

P. O. Address *Vandalia 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.