

FILED MAR 2 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4114
Registrar's No. 7

0160
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 58		PRIMARY REG. DIST. NO. 4089		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY <u>CARTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CARTER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>GRANDIN</u>		c. LENGTH OF STAY (in this place) <u>31 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>GRANDIN</u>		0180 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>Mc DANIEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 7 - 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>4</u>	8. DATE OF BIRTH <u>9-8-1871</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 1 YEAR Days <u>27</u>	IF UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>PUTNAM COUNTY TENN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.R.</u>	
13a. FATHER'S NAME <u>JOHN WHITAKER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HENRY</u>		14. NAME OF HUSBAND OR WIFE <u>M. S. Mc DANIEL</u>			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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) <u>acute circulatory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis and arterial hypertension</u> 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>447x</u> <u>6 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1291-7-5</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 6 1951</u>		21e. INJURY OCCURRED WHILE AT WORK? () NOT WHILE AT WORK ()		21f. HOW DID INJURY OCCUR? <u>Fall</u>			
22. I hereby certify that I attended the deceased from <u>3-7</u> , 19 <u>46</u> , to <u>Feb 6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 6</u> , 19 <u>51</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank Kusinski, D.O.</u> (Degree or title)				23b. ADDRESS <u>Wagon Bureau, Mo</u>		23c. DATE SIGNED <u>2-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-10-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mc ROME CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CARTER COUNTY MO</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 24-51</u>		REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>		50		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Edwards</u> ADDRESS <u>Smithton, Missouri</u>	

RECEIVED

FEB 27 1951

DISTRICT HEALTH OFFICE No. 6

No.

12 1

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.....

2-7-1951

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Lee P. Leibel

Licensed Embalmer No.

3475

P. O. Address.....

Ampley, 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.

Embalmed