

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 20 1951

State File No. 7158

BIRTH NO. 12009-51 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Marshall, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>	
c. LENGTH OF STAY (in this place) <u>30 Hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>622 East Gordon St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbons Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Randy</u>	b. (Middle) <u>Eugene</u>	c. (Last) <u>McDaniel</u>	(Month) <u>February</u>	(Day) <u>14</u>	(Year) <u>51</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb. 13-51</u>		9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> IF UNDER 1 HR. Hours <u>6</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Marshall, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Harold McDaniel</u>	13b. MOTHER'S MAIDEN NAME <u>Marje Ann Gillispie</u>	14. NAME OF HUSBAND OR WIFE <u>Infant</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold McDaniel-Marshall, Missouri</u> 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pre-mature 6 3/4 mos</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>776X</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 2-13, 1951, to 2-14, 1951, that I last saw the deceased alive on 2-14, 1951, and that death occurred at 11P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>2/15/51</u>
24a. BURIAL AND CREMATION REMOVAL (Specify)	24b. DATE <u>Feb. 16-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Summit M. Garden</u>
24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>	
DATE REC'D BY LOCAL REG. <u>Feb 15-1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48

0972  
0

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

RECEIVED 21951

DISTRICT HEALTH OFFICE No. 3

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

Date Filed 2-19-51

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 \_\_\_\_\_

*Body was packed in fluid + cotton*

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

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_

*J. Lechi Swenson*

Licensed Embalmer No. 3235

P. O. Address *Marshall, Va.*

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.