

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7284

1070

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

BIRTH NO. _____		REG. DIST. NO. <u>354</u>		PRIMARY REG. DIST. NO. <u>6198</u>		Registrar's No. <u>66</u>		
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Qual Cass</u>		c. LENGTH OF STAY (In this place) <u>4 Mon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>3008</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>DODSON</u> c. (Last) <u>McDaniel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 2 51</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>March 17, 1895</u>		
9. AGE (In years last birthday) <u>55</u>		10. MONTHS <u>10</u>		11. DAYS <u>15</u>		12. IF UNDER 1 YEAR IF UNDER 1 HR. Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machinist</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Texas Ok. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Jim McDaniel</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Hensley</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>497-28-9374</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Laura Lee</u> ADDRESS <u>Route 1, Licking 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>Pulmonary Tuberculosis</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>?</u> <u>002X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____		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>07/20, 1950</u> , to <u>Jan 18, 1951</u> , that I last saw the deceased alive on <u>Jan 18, 1951</u> , and that death occurred at <u>1:00 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>O. Garrett Logg Jr. MD</u> (Degree or title)				23b. ADDRESS <u>Cabool, Mo.</u>		23c. DATE SIGNED <u>Feb. 4/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dixone</u>		24d. LOCATION (City, town, or county) (State) <u>Dixone Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-6-51</u>		REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Layford O. Elliott</u>		ADDRESS <u>Cabool, Mo.</u>		

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 13 1951

Dist. File 251-326

Date Filed 2-14-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Faylon V. Elliott

Licensed Embalmer No. 2252

P. O. Address Carbool

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.