

FILED MAR 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7556

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 295

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
c. LENGTH OF STAY (in this place) 71 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 906 Dewey Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Buchanan
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
d. STREET ADDRESS (If rural, give location) 906 Dewey Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Minnie b. (Middle) Myrtle c. (Last) Daly

4. DATE OF DEATH (Month) (Day) (Year)
March 13, 1951.

5. SEX Female
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH February 22, 1877.

9. AGE (In years last birthday) 74
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Bureau Junction, Illinois.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Loarn Z. Randall

13b. MOTHER'S MAIDEN NAME Anna Watson

14. NAME OF HUSBAND OR WIFE James R. Daly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Frank E. Daly St. Joseph, Mo.

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uraemia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis
DUE TO (c) probably infection
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Very large uterine fibroid

INTERVAL BETWEEN ONSET AND DEATH

593 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1949, to 3/13, 1951, that I last saw the deceased alive on 3/12, 1951, and that death occurred at 5:30A m., from the causes and on the date stated above.

23a. SIGNATURE W. E. Jensen (Degree or title) M.D.

23b. ADDRESS 423 Main

23c. DATE SIGNED 3/13/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)
24b. DATE Mar. 15, 1951.

24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.

DATE REC'D BY LOCAL REG. Mar 16, 1951

REGISTRAR'S SIGNATURE Carl C. Coslet

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Walter Fleischer St. Joseph, Mo.

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

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. ** **

Signed Robert A. Harrington

Signed ** ** ** **
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.