.S. No. 300
EV. 10-48

1060

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11305

State File No.

BIRTH NO. REG. DIST. NO. 852 PRIMARY REG. DIST. NO. 6186 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Bradleyville
c. LENGTH OF STAY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): rural Bradleyville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Taney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Bradleyville 1060
d. STREET ADDRESS (If rural, give location): Bradleyville

3. NAME OF DECEASED (Type or Print)
a. (First): Edgar
b. (Middle): Helman
c. (Last): McDaniel

4. DATE OF DEATH (Month) (Day) (Year): Feb. 23, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec 17 1890
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 2, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George McDaniel
13b. MOTHER'S MAIDEN NAME: Stella Herden
14. NAME OF HUSBAND OR WIFE: Maggie McDaniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WWI
16. SOCIAL SECURITY NO.: 494-20-0631
17. INFORMANT'S SIGNATURE OR NAME: Earl McDaniel — **ADDRESS**: Bradleyville 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Vascular Hypertension
DUE TO (c) Arteriosclerosis — 331 X

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 ☐ 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* Feb 23, 1951, *to* Feb 23, 1951, *that I last saw the deceased alive on* Feb 23, 1951, *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. L. Farrell M.D.
23b. ADDRESS: Theta Mo.
23c. DATE SIGNED: Mar 9-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/25/51
24c. NAME OF CEMETERY OR CREMATORY: Bradleyville Cemetery
24d. LOCATION (City, town, or county) (State): Bradleyville Mo

DATE REC'D BY LOCAL REG.: Mar. 14-1951
REGISTRAR'S SIGNATURE: J E Cogswell 376
25. FUNERAL DIRECTOR'S SIGNATURE: W. S. Cole — **ADDRESS**: Forsyth, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH
District No. 5

RECEIVED MAR 19 1951

Dist. File 351-325

Date Filed 3-20-51

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 _____

_____ working under my personal supervision.

Student Embalmer No. _____

Signed Walter S. Cobb

Signed _____
Student Embalmer

Licensed Embalmer No. 4731

P. O. Address Farmington, 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.