

FILED MAR 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11366

1090  
4

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

BIRTH NO. _____		REG. DIST. NO. <u>36</u>		PRIMARY REG. DIST. NO. <u>4531</u>		Registrar's No. <u>20</u>		
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton, Mo.</u>		c. LENGTH OF STAY (In this place) <u>27 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		<u>0364</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial Home</u>				d. STREET ADDRESS (If rural, give location) <u>6</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>O</u> c. (Last) <u>Daniel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 6 1951</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 11, 1877</u>		
9. AGE (In years last birthday) <u>73</u>		# UNDER 1 YEAR Months _____ Days _____		# UNDER 10 YRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerical</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Penick, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>John Henry Daniel</u>			13b. MOTHER'S MAIDEN NAME <u>Olive Hullett</u>		14. NAME OF HUSBAND OR WIFE <u>Rhoda E. Coleman</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Geo. Kakta Wellsville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary abscess with emphysema left side</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) <u>(2) Arthritis multiple rheumatoid</u> 2. OTHER SIGNIFICANT CONDITIONS <u>severe</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>(3) Pulmonary secondary disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>  <u>521X</u>	
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) (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>Nov. 29</u> , 19 <u>48</u> , to <u>March 6, 1951</u> , that I last saw the deceased alive on <u>March 6, 1951</u> , and that death occurred at <u>7:30pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Donald H. Anselcher D.M.E.</u>				23b. ADDRESS <u>Warrenton Mo.</u>		23c. DATE SIGNED <u>3-8-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 8, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-12-51</u>		REGISTRAR'S SIGNATURE <u>Floyd Leason</u>		421		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Buescher Funeral Home Jefferson City Mo.</u>		

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAR 30 1951

RECEIVED

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.....  
Student Embalmer

Signed *John Thiburg*  
Licensed Embalmer No. *3897*

P. O. Address *Warrenton, 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.