S. No. 300
v. 10.48

FILED APR 24 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12959

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 185

0495
1

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

**1. PLACE OF DEATH**
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 65 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 807 Jefferson

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
0495
d. STREET ADDRESS (If rural, give location): 807 Jefferson
0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Elijah
b. (Middle):
c. (Last): Daniels

**4. DATE OF DEATH** (Month) (Day) (Year): April 14, 1951

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: June 5, 1876
**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): miner
**10b. KIND OF BUSINESS OR INDUSTRY**: mining
**11. BIRTHPLACE** (State or foreign country): Barton County, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: George Daniels
**13b. MOTHER'S MAIDEN NAME**:
**14. NAME OF HUSBAND OR WIFE**: Effie Daniels

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): unknown
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Effie Daniels 807 Jefferson

**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

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): hypertension
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

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 331 x
**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* 4-12-51, 19__, *to* 4-13-51, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6:50P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [signature] Freeman D.O.
**23b. ADDRESS**: Joplin Mo
**23c. DATE SIGNED**: 4-16-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial 0
**24b. DATE**: 4-16-51
**24c. NAME OF CEMETERY OR CREMATORY**: Saginaw Cemetery
**24d. LOCATION** (City, town, or county) (State): Saginaw, Mo.

**DATE REC'D BY LOCAL REG.**: 4-16-51
**REGISTRAR'S SIGNATURE**: Ed D. James 138 by Dollars Lumpkins DR
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Steve Parker Mortuary Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-23-51
Jasper County Health Office
County File Number 51/4/332
Date Filed 4-23-51

APR 24 1951

**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 F. M. Jones

Signed _____
Student Embalmer

Licensed Embalmer No. 7519

P. O. Address Joplin 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.