

FILED JUN 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19546

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 2007 Registrar's No. 259

1. PLACE OF DEATH  
a. COUNTY Butler  
b. CITY (If outside corporate limits, write RURAL and give town): OR TOWN Poplar Bluff Mo  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Butler  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Beaver Dam Township  
d. STREET ADDRESS (If rural, give location) Route No. Two 0120

3. NAME OF DECEASED  
a. (First) Orda b. (Middle) Artie c. (Last) McDaniel

4. DATE OF DEATH (Month) (Day) (Year)  
June 7, 1951

5. SEX Female 6. COLOR OR RACE White

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

8. DATE OF BIRTH July 31, 1884

9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 10 Days 7 IF UNDER 12 HRS. Hours 7 Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Green County Indiana

12. CITIZEN OF WHAT COUNTRY?  
/

13a. FATHER'S NAME  
John Adams

13b. MOTHER'S MAIDEN NAME  
Annie Arthur

14. NAME OF HUSBAND OR WIFE  
Ditty McDaniel

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mrs John Edwards Poplar Bluff 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Severe of Hemorrhage  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Cancer Bladder  
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  
331x

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 6-6, 1951, to 6-7, 1951, that I last saw the deceased alive on 6-7, 1951, and that death occurred at 7 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
Wm. H. Johnson

23b. ADDRESS  
Poplar Bluff Mo

23c. DATE SIGNED  
6-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
June 10, 51

24c. NAME OF CEMETERY OR CREMATORY  
Kerns Chapel

24d. LOCATION (City, town, or county) (State)  
Butler County Mo

DATE REC'D BY LOCAL REG. June 11 - 1951 REGISTRAR'S SIGNATURE Wm. H. Johnson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Frank Cotrell Poplar Bluff Mo.

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

0123

copy from file

RECEIVED

JUN 20 1981

BUTLER CO. HEALTH CENTER

FILE No. 651-273

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 George A. Keefer  
Licensed Embalmer No. 4752

P. O. Address Capital Bluff

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.