

FN-512 AUG 2 1951
XC-16211110
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22212

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 2007 Registrar's No. 323

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Poplar Bluff, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo. <u>0124</u>	
c. LENGTH OF STAY (in this place) 5 Days		d. STREET ADDRESS (If rural, give location) 338 North Main Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) E.	
c. (Last) Daniel		4. DATE OF DEATH (Month) (Day) (Year) July 16, 1951	
5. SEX Male - 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/2/94
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR: Months 7 Days 11 Hours 40 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Train Dispatcher		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
11. BIRTHPLACE (State or foreign country) Patton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Norman Daniel		13b. MOTHER'S MAIDEN NAME Julia Skaggs	
14. NAME OF HUSBAND OR WIFE Oleta Daniel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes 4/8/18 8/20/19		16. SOCIAL SECURITY NO. 702169525	
17. INFORMANT'S SIGNATURE OR NAME. VA Records		ADDRESS _____	
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
DUE TO (b) Cerebral Arteriosclerosis			
DUE TO (c) Hypertensive Cardiovascular Disease			
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	
		443X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 July 11, 1951 , to July 16, 1951 , and that death occurred at 11:40 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Joseph H. Ellis M.D. (Degree optional)		23b. ADDRESS VA Hospital, Poplar Bluff, Mo.	
23c. DATE SIGNED 7/16/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/16/51	
24c. NAME OF CEMETERY OR CREMATORY Memorial Garden		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri	
DATE REC'D BY LOCAL REG. 7-23-51		REGISTRAR'S SIGNATURE Wm. H. Johnson <u>428</u>	
25. FUNERAL DIRECTOR'S SIGNATURE Green Cross Fitch		ADDRESS Poplar Bluff, Mo.	

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

RECEIVED

JUL 31 1951

BUTLER CO. HEALTH CENTER

FILE No. 751-341

MAY 20 1952

AUG 15 1951

AUG 15 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.....
Student Embalmer

Signed

Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.