

FILED OCT 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. **29497**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1004

2117

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>2 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2918 Seneca St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Stella</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Daily</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26, 1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>August 26, 1885</u>		9. AGE (In years less birthday) <u>66</u> 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) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (State or foreign country) <u>Mexico, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>George Scott.</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wade</u>		14. NAME OF HUSBAND OR WIFE <u>Wm J. Daily</u>	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Marion Seever</u>		ADDRESS <u>2918 Seneca St</u>	
---	--	--	--	---	--	----------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary</u> DUE TO (c) <u>Myocardial</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 9-26-1951 to 9-26-51, 1951, that I last saw the deceased alive on 19, and that death occurred at 11:45 a., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl C. Costello</u> (Degree or title)		23b. ADDRESS <u>218 N. 7th Street</u>		23c. DATE SIGNED <u>9-29-51</u>	
--	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-29-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
--	--	-----------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>Oct 1, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Costello</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Sidenhedin</u>		ADDRESS <u>1802 Union St</u>	
--	--	--	--	---	--	---------------------------------	--

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Robert H. Gage
Licensed Embalmer No. 2308
P. O. Address St. Joseph, 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.