

STANDARD CERTIFICATE OF DEATH

41958

State File No. ....

FILED JAN 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5379 Registrar's No. 570

1. PLACE OF DEATH  
a. COUNTY JACKSON  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RAYTOWN  
c. LENGTH OF STAY (in this place) 27 YRS  
d. FULL NAME OF HOSPITAL OR INSTITUTION 10501 EAST 63RD STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MISSOURI b. COUNTY JACKSON  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RAYTOWN  
d. STREET ADDRESS (If rural, give location) 10501 EAST 63RD STREET

3. NAME OF DECEASED  
a. (First) LAWRENCE b. (Middle) VERNON c. (Last) Mc DANIEL

4. DATE OF DEATH (Month) (Day) (Year)  
DEC 25 1951

5. SEX MALE

6. COLOR OR RACE WHITE

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

8. DATE OF BIRTH JUNE-16-1888

9. AGE (In years last birthday) 63

IF UNDER 1 YEAR Days IF UNDER 2 Wks. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY MIL. R. R. SINCE 1906

11. BIRTHPLACE (State or foreign country) ADRIAN, MO

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME OCTAVIUS Mc DANIEL

13b. MOTHER'S MAIDEN NAME ALICE UNKNOWN

14. NAME OF HUSBAND OR WIFE VELMA Mc DANIEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No

16. SOCIAL SECURITY NO. 707-12-7286

17. INFORMANT'S SIGNATURE OR NAME ADDRESS VELMA Mc DANIEL 10501 E-63 RAYTOWN 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Coronary Occlusion  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Essential Hypertension  
DUE TO (c) with Cardiac Hypertrophy  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Incipient myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH  
Immediate  
Indefinite

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from Apr. 22, 1950, to Dec. 25, 1951, that I last saw the deceased alive on 12-21-1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE C. D. Schindler, D.O. (Degree or title)

23b. ADDRESS 421 Shubert Bldg.

23c. DATE SIGNED Dec. 26-51

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

24b. DATE DEC. 28, 1951

24c. NAME OF CEMETERY OR CREMATORY BRANSON MEMORIAL CEMETERY

24d. LOCATION (City, town, or county) (State) BRANSON MISSOURI

DATE REC'D BY LOCAL REG. Dec. 28-1951

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] D. H. Newcomer, Kansas City, Mo.

(Licensed Embalmers' Statement on Reverse Side)

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

0480

JAN 8 REC'D

4 11 Amherst Bldg.

2036 1077

JAN 11 1957

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.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.