

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42522**

FILED DEC 28 1951

BIRTH NO. _____ REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **4411** Registrar's No. **31**

0820
4

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

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elberry	
c. LENGTH OF STAY (In this place) 5 months		d. STREET ADDRESS (If rural, give location) 513 N. Fifth St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION B. B. Springs Hotel			
3. NAME OF DECEASED (Type or Print) a. (First) Samuel		b. (Middle) (unknown)	
c. (Last) Daniels		4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 19, 1863
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer-own farm	11. BIRTHPLACE (State or foreign country) Elberry, RFD, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY retired	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel D. Daniels		13b. MOTHER'S MAIDEN NAME Mary Anderson	
14. NAME OF HUSBAND OR WIFE Mollie (Hatfield) Daniels			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME P. A. Daniels, Elberry, Missouri		ADDRESS	
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) Carcinoma of the prostate ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	
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.) Bowling Green	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pike Mo			
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 26, 1951 , to Dec. 10, 1951 , that I last saw the deceased alive on Dec. 9, 1951 , and that death occurred at 2:30 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) James B. Regan, M. A. O.		23b. ADDRESS Bowling Green, Mo.	
23c. DATE SIGNED 12-14-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec. 11, 1951	
24c. NAME OF CEMETERY Oak Ridge		24d. LOCATION (City, town, or county) (State) Elberry, Missouri	
DATE REC'D BY LOCAL REG. 12-17-51		REGISTRAR'S SIGNATURE Bill Robinson 254	
FUNDAL DIRECTOR'S SIGNATURE Charluchich		ADDRESS Elberry, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

DEC 22 1951

Date Received:

DISTRICT HEALTH OFFICE #

District File Number 12-51

Date Filed: DEC 26 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 _____

Student Embalmer No. _____

working under my personal supervision.

Paula Jacobs

Signed _____

Student _____
Student Embalmer

Licensed Embalmer No. 4012

P. O. Address *Esberry, Tex.*

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.