

No. 300
10.48

4507

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

351
1

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

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Malden</u>		c. CITY OR TOWN <u>Malden</u>	
c. LENGTH OF STAY (In this place) <u>2 yr.</u>		8351	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Malden Air Base</u>		d. STREET ADDRESS (If rural, give location) <u>Malden Air Base</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>Washington</u>	
c. (Last) <u>McDaniel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 25, 1952</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug. 7, 1857</u>
9. AGE (In years) (Month) (Day) <u>94</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>pensioner</u>	11. BIRTHPLACE (State or foreign country) <u>Paducah, Ky.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>pensioner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>pensioner</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ulyess C. McDaniel</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>deceased</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>X X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Josie Crowe</u> ADDRESS <u>Malden, Mo.</u>	
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) <u>pulmonary edema</u> ANTECEDENT CAUSES <u>morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>generalized arterio-sclerosis</u> 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 <u>4 days</u> <u>12 years</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) <u>4500</u>		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 <u>2/14/1952</u> to <u>2/21, 1952</u> , that I last saw the deceased alive on <u>2/17, 1952</u> , and that death occurred at <u>7:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. Bailey M.D.</u> (Degree or title)		23b. ADDRESS <u>Malden Mo</u>	
23c. DATE SIGNED <u>2/27/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>2-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dexter cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>		DATE REC'D BY LOCAL REG. <u>2/28/52</u>	
REGISTRAR'S SIGNATURE <u>J. W. Schuman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Ser.</u> ADDRESS <u>Dexter, Mo.</u>	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-2-52

COUNTY FILE NUMBER 352-49

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 [Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4761

P. O. Address Dunklin Co

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.