

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20  
1

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

BIRTH NO. _____		REG. DIST. NO. <u>373</u>		PRIMARY REG. DIST. NO. <u>6266</u>		Registrar's No. <u>116</u>	
1. PLACE OF DEATH a. COUNTY <u>WEBSTER -- High Prairie</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>SEYMOUR RURAL</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>SEYMOUR RURAL - High Prairie</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>R.F.D. 1120</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u>			b. (Middle) <u>JEFFERSON</u>			c. (Last) <u>McDANIEL</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>2-10-52</u>		5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>3-30-1902</u>		9. AGE (In years last birthday) <u>59</u>		10. MONTHS <u>10</u> DAYS <u>10</u> HOURS <u>10</u> MIN.		11. BIRTHPLACE (State or foreign country) <u>WEBSTER CO MO</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>WEBSTER CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>SAMUEL McDANIEL</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISA GIBBY</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA MAY</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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BERTHA M. McDANIEL SEYMOUR, MO. I</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound in right side head</u> 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.					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>High Prairie twp. Webster Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 10 - 52 9:15 Am.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>self inflicted</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. K. Kelley Coroner</u>				23b. ADDRESS <u>Fordland Mo.</u>		23c. DATE SIGNED <u>2-12-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LIBERTY</u>		24d. LOCATION (City, town, or county) (State) <u>WEBSTER MO</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 29 '52</u>		REGISTRAR'S SIGNATURE <u>392</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kelley Farrell Begum Seymour Mo</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.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *H. K. Kelley*.....

Licensed Embalmer No. *3334*.....

P. O. Address *Fordland me*.....

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.