

No. 300
10. 48

FILED JUN. 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19262

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Fairfax mo</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rock-Port mo</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Wilson</u> c. (Last) <u>McDaniel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 10 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct-24 1869</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR: Months <u>7</u> Days <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock buyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>1</u>		13a. FATHER'S NAME <u>John McDaniel</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Maddox</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs Maude McDaniel</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Maude McDaniel</u>		ADDRESS <u>Rock Port Mo</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carcinoma of prostate</u>		DUPLICATE (b) <u>with metastases to</u>		<u>2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) <u>liver & bones</u>		<u>8 mos</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>none</u>		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 Mar 1, 1952, to June 10, 1952, that I last saw the deceased alive on June 10, 1952, and that death occurred at 4:30 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Rock Port Mo</u>		23c. DATE SIGNED <u>June 16 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 12 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Rock-Port</u>		(State) <u>Mo</u>			

DATE REC'D BY LOCAL REG. <u>June 18, 1952</u>		REGISTRAR'S SIGNATURE <u>Marvin N. Schaefer</u>		443-		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Rock Port Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

W. E. Buttram

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *W. E. Buttram*

Licensed Embalmer No. *1764*

P. O. Address *Rock Port 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.