

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31389

State File No.

BIRTH NO.		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>5480</u>		Registrar's No. <u>133</u>			
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton-Rural-Trenton Twp.</u>		c. LENGTH OF STAY (in this place) <u>7 1/2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton-Rural-Trenton Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>8 M. S. E. Trenton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 M. S. E. Trenton</u>				d. STREET ADDRESS (If rural, give location) <u>8 M. S. E. Trenton</u>					
3. NAME OF DECEASED (Type or Print) <u>William Silas</u>			a. (First)		b. (Middle)		c. (Last) <u>Daniel</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 13 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>Sept 3 1878</u>	
9. AGE (In years last birthday) Months Days <u>74 0 10</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>Ann Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Sulphur Springs Ark. 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Anderson Daniel</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Elmore</u>			13. NAME OF HUSBAND OR WIFE <u>Josephine Boyd Daniel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H. H. Mucken</u>		ADDRESS <u>Laredo, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) (Min.)		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>Sept 1, 1952</u> , to <u>Sept 13, 1952</u> , that I last saw the deceased alive on <u>Sept 13, 1952</u> , and that death occurred at <u>3</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>E. J. Robertson M.D.</u> (Degree or title)				23b. ADDRESS <u>Keaton Mo</u>		23c. DATE SIGNED <u>9/14/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/16/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>F.O.R.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Edinburg Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-16/52</u>		REGISTRAR'S SIGNATURE <u>Geneau</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Robertson</u>		ADDRESS <u>Funeral Home Laredo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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. 4388

P. O. Address Laredo, 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.