

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **42231**
5424

No. 300
10-48

FILED DEC 20 1952

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Missouri		c. LENGTH OF STAY (In this place) few hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Kansas					
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No 1				d. STREET ADDRESS (If rural, give location) 5652 Edith Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Cleo			b. (Middle) _____		c. (Last) DANIELS		4. DATE OF DEATH (Month) (Day) (Year) 12 10 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 10-18-1910		9. AGE (In years last birthday) 42 IF UNDER: YEAR _____ MONTHS _____ DAYS _____ HOURS _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Window Cleaner			10b. KIND OF BUSINESS OR INDUSTRY Sunlight Co.		11. BIRTHPLACE (State or foreign country) Sedalia Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph C. Daniels			13b. MOTHER'S MAIDEN NAME Lena Simmons			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 490-89-3734		17. INFORMANT'S SIGNATURE OR NAME Amanda Bentch			ADDRESS 1227 Oak St K.C. Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) World War II		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO "DEATH" (a) Subdural & Subarachnoid Hemorrhage & Fractured Skull						INTERVAL BETWEEN ONSET AND DEATH 29 1/2 5 47	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-10-52		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? run into 123					
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 Hugh H. Owens (Degree or title)				23b. ADDRESS 1234 Prairie Blvd			23c. DATE SIGNED 12-10-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/10/52		24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cem		24d. LOCATION (City, town, or county) (State) Kansas City Kansas			
DATE REC'D BY LOCAL REG. 12-11-52		REGISTRAR'S SIGNATURE Geraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Katie Daniels Parish 1526-32 Main Ave				

(Licensed Embalmer's Statement on Reverse Side)

R.G. 7 Hand

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Russell N. Francis

Licensed Embalmer No. *4255*

P. O. Address *K. O. 7th*

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.