

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

44384

State File No.

FILED DEC 30 1952

BIRTH NO. REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6273 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Fletchall 6273</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Allendale</u>	
c. LENGTH OF STAY (In this place) <u>5 weeks</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>6</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elsie</u> b. (Middle) <u>Lenora</u> c. (Last) <u>Daniels</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 23, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-4-1891</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	

13a. FATHER'S NAME <u>Isaac Fletchall</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Stacey</u>		14. NAME OF HUSBAND OR WIFE <u>Almon Daniels</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>499-16-4947</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessie Gilland-Grent City, Missouri</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>Cardiac decompensation</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hydrothorax</u> DUE TO (c) <u>Metastatic carcinoma of lung</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>72 hours</u> <u>30 days</u> <u>unknown</u> <u>ONE YEAR</u>	
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) <u>NONE</u>		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) m.		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 Feb 15, 1952, to Dec. 23, 1952, that I last saw the deceased alive on Dec 22, 1952, and that death occurred at 4:00 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard H. Smith DO.</u>		23b. ADDRESS <u>Grant City, Mo.</u>		23c. DATE SIGNED <u>12-24-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-26-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kirk Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Worth County, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Dec. 24, 1952</u>		REGISTRAR'S SIGNATURE <u>John E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arch C. Dunfee, Grant City, Mo.</u>	
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(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 _____

Bill Dwyer

Student Embalmer No. *445*

working under my personal supervision.

Student *Bill Dwyer*
Student Embalmer

Signed *Arch C. Dwyer*

Licensed Embalmer No. *3252*

P. O. Address *Grant City, 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.