

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4858

State File No.

BIRTH NO. FFB 24 1953 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri d. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 1522 Savannah Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1522 Savannah Ave			

3. NAME OF DECEASED (Type or Print) a. (First) VERNY b. (Middle) c. (Last) DANIELS			4. DATE OF DEATH (Month) (Day) (Year) Feb. 11 1953		
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5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH Oct. 29 1882		9. AGE (In years) (last birthday) 70		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer			10b. KIND OF BUSINESS OR INDUSTRY Own Farm			11. BIRTHPLACE (State or foreign country) Gower Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Thomas H. Daniels			13b. MOTHER'S MAIDEN NAME Sarah Grooms			14. NAME OF HUSBAND OR WIFE Mrs. Effie Daniels		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 500-09-6363		17. INFORMANT'S SIGNATURE OR NAME Morton Daniels ADDRESS Gower Missouri	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		ANTECEDENT CAUSES						2 days	
		DUE TO (b) Coronary sclerosis						Under	
		DUE TO (c) arteriosclerosis						Under	
II. OTHER SIGNIFICANT CONDITIONS		Portal cirrhosis						1 1/2 yrs	
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from any, 1952, to 2-11, 1953, that I last saw the deceased alive on 2-10, 1953, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE Clement C. Casper (Degree or title)		23b. ADDRESS 80 Joseph Mo		23c. DATE SIGNED 2-13-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 13 1953		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
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DATE REC'D BY LOCAL REG Feb 17, 1953		REGISTRAR'S SIGNATURE Carl C. Casper		25. FUNERAL DIRECTOR'S SIGNATURE Stamford Home ADDRESS St. Joseph Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

version

FORM 11 1967

A 2 11

Signature

Signature

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 Charles E. Bennett

Signed
Student Embalmer

Licensed Embalmer No. 4627

P. O. Address St. Joseph 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.