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MAR 3 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8524
State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ash Grove</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. # 3</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 0390</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>e.</u> c. (Last) <u>Daniel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 8-53</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 15, 1874</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mo - 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Mr Meredith Daniel</u>		13b. MOTHER'S MAIDEN NAME <u>Miss Jane Justice</u>	
14. NAME OF HUSBAND OR WIFE <u>William H Daniel</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Miss</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Health records</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Practically</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Virus (upper respiratory) infection</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <u>psoriasis</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>475x</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) _____		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>Jan 14</u> , 19 <u>53</u> , to <u>Feb 8</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb 8</u> , 19 <u>53</u> and that death occurred at <u>8:00 am.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Dr W Shraw</u>		23b. ADDRESS <u>Missouri</u>	
23c. DATE SIGNED <u>7/8/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Feb 10 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ash Grove Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brinn Daniel Ash Grove - Mo</u>	
25. ADDRESS <u>45</u>		DATE REC'D BY LOCAL REG. <u>2-24-53</u>	
REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. ADDRESS <u>45</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 18 1953

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 Richard L. Shorter

Licensed Embalmer No. 4532

P. O. Address Nevada

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.