

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9027**

FILED MAR 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **117**

143

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Fulton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Fulton</b>	
c. LENGTH OF STAY (in this place) <b>3 Mo - 03</b>		d. STREET ADDRESS (If rural, give location) <b>109 W 7th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Callaway Hospital</b>			

3. NAME OF DECEASED s. (First) <b>Margaret Alice</b> b. (Middle) <b>Mc Daniel</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>March 20, 1953</b>	
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <b>Never married</b>	8. DATE OF BIRTH <b>June 18, 1893</b>	9. AGE (In years last birthday) <b>59</b>	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) <b>manager</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Dry Cleaning Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Callaway County Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John S. McDaniel</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Jane Dynan</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>210</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Josie Moresinkhoff</b>	ADDRESS <b>Fulton Mo</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>metastatic carcinoma of spine, liver, lung.</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>adenocarcinoma of breast</b>		
DUE TO (c)		21. HOW DID INJURY OCCUR?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>Feb. 1951</b>	19b. MAJOR FINDINGS OF OPERATION <b>Adenocarcinoma of breast</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>170X</b>
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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"/>
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22. I hereby certify that I attended the deceased from **Feb.**, 19**51**, to **March 20**, 19**53**, that I last saw the deceased alive on **March 20**, 19**53**, and that death occurred at **9:42 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Patricia F. Lanier, M.D.</b>	(Degree or title)	23b. ADDRESS <b>607 Camp St., Fulton</b>	23c. DATE SIGNED <b>3/21/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar. 22/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest</b>	24d. LOCATION (City, town, or county) (State) <b>Fulton Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Mar-21-1953</b>	REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	426 -	25. FUNERAL DIRECTOR'S SIGNATURE <b>Managers Funeral Home</b>	ADDRESS <b>Fulton Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 27 1953

APR 27 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Wm A. Stewart

Signed.....  
Student Embalmer.

Licensed Embalmer No. 3722

P. O. Address Fulton Missouri.

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.