

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13714

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. H152 Registrar's No. 5-1953

280
1

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

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY OR TOWN <u>Leasburg "Rural" Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leasburg—Rural Liberty</u>	
c. LENGTH OF STAY (In this place) <u>7 Months</u>		d. STREET ADDRESS (If rural, give location) <u>0288</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lindsay</u> b. (Middle) <u>N.</u> c. (Last) <u>McDaniel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 27 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>July 22 1877</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Days <u>9</u> IF UNDER 48 HRS. Min. <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Osage County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Lynsey McDaniel</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Evans</u>		14. NAME OF DECEASED'S WIFE <u>Agnes Bieymann</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>627-32-9236</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Agnes McDaniel Leasburg, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Natural Causes</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asthma, 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) <u>Natural Causes</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) <u>7954</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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 _____, 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 (Degree or title) <u>Harry J. Jones (owner)</u>		23b. ADDRESS <u>Steetell MO</u>		23c. DATE SIGNED <u>April 27-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 29, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vienna Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Vienna MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman C. Hoener Cuba, Mo</u>		DATE RECD BY LOCAL REG. <u>4/28/53</u> REGISTRAR'S SIGNATURE <u>Wm C. Davis Deputy 312</u>	

MAY 8 1933

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 Norman O. Haener
Licensed Embalmer No. 4673

P. O. Address Quincy, 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.