

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13880**

FILED **MAY 11 1953**
BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **447**

396

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION 516 Tracy		d. STREET ADDRESS (If rural, give location) 516 Tracy	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) R.	c. (Last) McDANIEL	4. DATE OF DEATH (Month) (Day) (Year) May 5, 1953
---	-----------------------	---------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 27, 1916	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
--------------------	-------------------------------	---	---------------------------------------	---	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver	10b. KIND OF BUSINESS OR INDUSTRY Transportation	11. BIRTHPLACE (State or foreign country) Holten Kansas	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	--

13a. FATHER'S NAME Edward McDaniel	13b. MOTHER'S MAIDEN NAME Mattie Ruhl	14. NAME OF HUSBAND OR WIFE. Mrs. Selma McDaniel
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW1	16. SOCIAL SECURITY NO. 491-03-9027	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Selma McDaniel Spfld. Mo.
--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Acute Coronary Occlusion		1/2 hour
ANTECEDENT CAUSES		(Sudden Death)		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) Conditions contributing to the death but not related to the disease or condition causing death.		

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)
--	--	---

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 **12/30, 1948** to **5 MAY, 1953**, that I last saw the deceased alive on **5 MAY, 1953**, and that death occurred at **12:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Print name or title) J. W. Klingner, M.D.	23b. ADDRESS 607 Cherry	23c. DATE SIGNED 5-6-53
---	-----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 8, 1953	24c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Springfield Missouri
--	---------------------------------	--	--

DATE REC'D BY LOCAL REG. 5-6-53	REGISTRAR'S SIGNATURE Edith Williamson Reg.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Klingner & Co Springfield Mo.
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

MAY 1-5 1953

MAY 1-5 1953

JUN 25 1953

FEB 2 4 1954

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

W. A. Rhodes

Licensed Embalmer No.

4074

P. O. Address

Springfield

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.