

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

FILED JUN 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20511

State File No.

| | | | | | | | | | |
|---|---------------------------|--|--|--|--|--|---|------------------------------------|--------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>360</u> | | PRIMARY REG. DIST. NO. <u>3076</u> | | Registrar's No. <u>83</u> | | | |
| 1. PLACE OF DEATH a. COUNTY Vernon | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Vernon | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada | | c. LENGTH OF STAY (in this place) 30 days | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harwood Rural, Bacon Twp. | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City Hospital | | | | d. STREET ADDRESS (If rural, give location) 1080 0 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Charlie b. (Middle) Ames c. (Last) McDaniel | | | 4. DATE OF DEATH (Month) (Day) (Year) May Sun '53 29 | | | | | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH Nov. 25, 1876 | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 MIN. Hours | IF UNDER 1 MIN. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | | 10b. KIND OF BUSINESS OR INDUSTRY Farming (grain) | | 11. BIRTHPLACE (State or foreign country) Near Mt. Vernon, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME George McDaniel | | | 13b. MOTHER'S MAIDEN NAME Abigail Emmels | | 14. NAME OF HUSBAND OR WIFE Hattie McDaniel | | | | |
| 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. none | | 17. INFORMANT'S SIGNATURE OR NAME Hattie McDaniel | | | | ADDRESS Harwood, Mo. | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | | | DUE TO (b) _____ | | | | <u>Immediate</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic nephritis</u> <u>Parkinson's Disease</u> | | | | <u>1 yr.</u> <u>several yrs</u> | |
| 19a. DATE OF OPERATION <input checked="" type="checkbox"/> | | 19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/> | | | | 20. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <input checked="" type="checkbox"/> m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>1952</u> , to <u>5-24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-23</u> , 19 <u>53</u> , and that death occurred at <u>3:45 A.</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>W. H. O. U. S.</u> | | | | 23b. ADDRESS <u>Nevada, Mo.</u> | | 23c. DATE SIGNED <u>6-3-53</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 25 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Lefler | | 24d. LOCATION (City, town, or county) (State) Harwood Vernon Co. Mo | | | |
| DATE REC'D BY LOCAL REG. 6-6-53 | | REGISTRAR'S SIGNATURE <u>Uma E. Ferry</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Quiggones</u> | | | | ADDRESS <u>Harwood, Mo.</u> |

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.....
Student Embalmer

Signed..... *William J. Owen*

Licensed Embalmer No. 2709

P. O. Address Harwood, 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.