

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21089

FILED JUN 25 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3066 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>	
c. LENGTH OF STAY (in this place) <u>1 HOUR</u>		d. STREET ADDRESS (If rural, give location) <u>Central Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West City Limits HWY 50</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Mancel</u> c. (Last) <u>Daniels</u>			4. DATE OF DEATH (Month) <u>June</u> (Day) <u>19</u> (Year) <u>1953</u>		
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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>November 27, 1921</u>	9. AGE (In years last birthday) <u>31</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>22</u>	IF UNDER 18 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Electrician</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Emmett Daniels</u>	13b. MOTHER'S MAIDEN NAME <u>Cora Dell Sims</u>	14. NAME OF HUSBAND OR WIFE <u>Vinita Daniels</u>
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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) <u>Yes</u> <u>World War II</u>	16. SOCIAL SECURITY NO. <u>487-24-7840</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Vinita Vinita Daniels Versailles, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest</u> <u>motorcycle accident</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 8154</u> <u>26</u>		INTERVAL BETWEEN ONSET AND DEATH <u>90 min.</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HWY 52 Stover, Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Stover</u> <u>Morgan</u> <u>Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 19 1953: 15:15</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Motorcycle Collision With Car.</u>
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22. I hereby certify that I attended the deceased from June 19, 1953 to June 19, 1953, that I last saw the deceased alive on June 9, 1953, and that death occurred at 7:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Jack Gunn M.D.</u>	23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>6-20-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 21, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Versailles Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 23-53</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John B. Scrivner Versailles, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 8 1953

AUG 26 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 _____

James R. Scrimm

Licensed Embalmer No. 4880

P. O. Address Versailles, MD.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.