

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21310

State File No. ....

FILED JUL 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 624

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield Baptist Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>1435 N. Johnston</b> <span style="float: right;">0396</span>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>KATIE</b>		b. (Middle) <b>B.</b>	c. (Last) <b>McDANIEL</b>
4. DATE OF DEATH <b>July 1, 1953</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>May 19, 1898</b>		9. AGE (In years last birthday) <b>55</b>	
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>In Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Alabama</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>J.B. Peters</b>		13b. MOTHER'S MAIDEN NAME <b>Osie Smith</b>	
14. NAME OF HUSBAND OR WIFE <b>G.C. McDaniel</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>G.C. McDaniel</b> ADDRESS <b>Springfield, Missou</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Pancreatitis &amp; Hepatitis</b> INTERVAL BETWEEN ONSET AND DEATH <b>35 days</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Sphincter Olig Stenosis</b> <b>2 yrs</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Renal Failure</b> <b>20 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <b>586X</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (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) _____		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 <u>5-27</u> , 19 <u>53</u> , to <u>7-1</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-30</u> , 19 <u>53</u> , and that death occurred at <u>2:40A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>A. E. Feller M.D.</b>		23b. ADDRESS <b>609 Cherry Springfield</b>	
23c. DATE SIGNED <b>7-2-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>July 2, 53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenawn Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Springfield Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J.W. Klingner &amp; Co Spfld, Mo.</b> ADDRESS _____	
DATE REC'D BY LOCAL REG. <b>7-3-53</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed.....  
*Max Rhodes*

Licensed Embalmer No. .... 407

P. O. Address.....  
*Springer*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.