

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21950

FILED JUL 8 - 1953

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>2247</u>		REGISTRAR'S NO. <u>134</u>											
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived, or in institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>													
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lamar</u>		TOWN <u>0061</u>											
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hiway 71 so. of Jasper</u>				d. STREET ADDRESS (If rural, give location) <u>603 Grand</u>													
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>			b. (Middle) <u>Aaron</u>		c. (Last) <u>McDaniel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 21, 1953</u>										
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>June 2, 1925</u>		9. AGE (In years last birthday) <u>28</u>		10. F UNDER 1 YEAR Months		11. F UNDER 1 YEAR Days		12. F UNDER 1 HR. Hours		13. F UNDER 1 HR. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Filling Station</u>				11. BIRTHPLACE (State or foreign country) <u>Paola, Kansas</u>				12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Floyd McDaniel</u>				13b. MOTHER'S MAIDEN NAME <u>Clara Boatz</u>				14. NAME OF HUSBAND OR WIFE <u>None</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1943-47, 1/31/51 to 5/31/51</u>				16. SOCIAL SECURITY NO. <u>499-22-0311</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Floyd McDaniel, Lamar, Mo.</u>				ADDRESS					
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of skull with fatal intracranial injury</u>										INTERVAL BETWEEN ONSET AND DEATH <u>minutes?</u>					
		II. OTHER SIGNIFICANT CONDITIONS <u>Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>049 Jasper Missouri</u>											
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 21 53 2:45 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>automobile accident</u>											
22. I hereby certify that I attended the deceased from <u>dead on arrival at hospital</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>June 21, 1953</u> and that death occurred at <u>6:21 pm</u> m., from the causes and on the date stated above.																	
23a. SIGNATURE <u>[Signature]</u> (Degree or title)						23b. ADDRESS <u>201 W. 3rd, Canton, Mo.</u>				23c. DATE SIGNED <u>6/20/53</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 23, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Lamar, Mo.</u>									
DATE REC'D BY LOCAL REG. <u>June 23 - 53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>134-53</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence H. Chiles</u> ADDRESS <u>Lamar Mo</u>											

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

2490
3

RECEIVED 7-7-53

Jasper County Health Office

County File Number 53-7-564

Date Filed 7-7-53

REC

8-17-53

SEP 9 1953

AUG 16 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, on ~~by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Charles H. Childs

Licensed Embalmer No. 3473

P. O. Address Jama, 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.