

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29108

State File No.

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 31a

1. PLACE OF DEATH a. COUNTY <u>JEFF.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>NEW MEXICO</u> b. COUNTY <u>JEFF.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HILLSBORO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PINE LODGE RT. 8300</u>	
c. LENGTH OF STAY (in this place) <u>10 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>8300</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEDAR GROVE NURSING HOME</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u> b. (Middle) <u>SYLVESTER</u> c. (Last) <u>MCDANIELS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 14 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>JUNE 17 1865</u>
9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days		IF UNDER 2 WKS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. FIRE PATROL</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. GOVERNMENT</u>	11. BIRTHPLACE (State or foreign country) <u>CATAWISSA Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>W.M. MCDANIELS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY RICHTER</u>	14. NAME OF HUSBAND OR WIFE <u>MARY MCDANIELS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>NORMAN G. MCDANIELS 18535 SPRING ST. LAUG</u>	
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) <u>arteriosclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>? 30 days?</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis of coronary arteries?</u> DUE TO (c) <u>Generalized arteriosclerosis.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemiplegia, left, old, due to cerebral thrombosis.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	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 <u>Aug 12</u> , 1953, to <u>Aug 14</u> , 1953, that I last saw the deceased alive on <u>Aug 12</u> , 1953, and that death occurred at <u>2 p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Thomas A. Downell, M.D.</u>		23b. ADDRESS <u>Desoto, Mo.</u>	23c. DATE SIGNED <u>Aug 19, 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Aug 17 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVEY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>CATAWISSA RT. Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-19-53</u>	REGISTRAR'S SIGNATURE <u>Kathleen Maraden</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JOHN BRIMMER HOUSE SPRINGS Mo.</u>	

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

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 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 Donnell B. Stehler

Licensed Embalmer No. 4104

P. O. Address St. Louis, 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.