

NOV 13 1953

STANDARD CERTIFICATE OF DEATH

State File No. 36654

130

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

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>NEOSHO</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>NEOSHO</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E. SPRING ST. ROAD</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>SARAH</u> b. (Middle) <u>CATHERINE</u> c. (Last) <u>McDANIEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6. 1953</u>	
5. SEX <u>FEM.</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 8. 1871</u>
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>RUSSELLVILLE ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>H.A. Douthitt</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH K.</u>	14. NAME OF HUSBAND OR WIFE <u>A.J. McDANIEL</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. R.W. RANKIN</u> ADDRESS <u>ST. JOSEPH MO.</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>Acute Intestinal Obstruction</u> ANTECEDENT CAUSES DUE TO (b) <u>Cancer of Colon (Adenocarcinoma of Sigmoid Colon)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>	
19a. DATE OF OPERATION <u>5-26-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of Sigmoid Colon</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)		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>4-7-1953</u> to <u>11-6-1953</u> that I last saw the deceased alive on <u>11-6-1953</u> and that death occurred at <u>4:00A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. P.C. Davis M.D.</u> (Degree or title)		23b. ADDRESS <u>Neosho Mo</u>	23c. DATE SIGNED <u>11-6-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-8-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GENTRY</u>	24d. LOCATION (City, town, or county) (State) <u>GENTRY ARKANSAS</u>
DATE REC'D BY LOCAL REG. <u>11-6-53</u>	REGISTRAR'S SIGNATURE <u>Melvin C Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Osley Thompson Sr.</u> ADDRESS <u>Neosho Mo</u>	

JUN 27 1953

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No.

District File Number 1153-209

Date Filed NOV 13 1953

NEOSHO, MISSOURI

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 *Ray P. Adams*

Licensed Embalmer No. 4928

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