

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36695**  
Registrar's No. **45**

FILED NOV 13 1953

REG. DIST. NO. **254** PRIMARY REG. DIST. NO. **4386**

1. PLACE OF DEATH a. COUNTY <b>OREGON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>MO</b> b. COUNTY <b>DOUGLAS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>THAYER</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MCKINLEY TWP 0340</b>	
c. LENGTH OF STAY (In this place) <b>2 months</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELIEAH</b> b. (Middle) <b>WASHINGTON</b> c. (Last) <b>MCDANIEL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11-9-53</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>NOV. 12, 1870</b>		9. AGE (In years last birthday) <b>83</b>		10. IF UNDER 1 YEAR: Months Days	
10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (State or foreign country) <b>ILL.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>ELIAS MCDANIEL</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH LENKINS</b>		14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Raymond Martin</b> ADDRESS <b>Thayer, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Coronary Thrombosis</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUPLICATE (b)	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		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) m.		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 **1-1-1953**, to **11-9-1953**, that I last saw the deceased alive on **11-9-1953**, and that death occurred at **2:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Arthur Wolf</b> (Degree or title) <b>reg.</b>		23b. ADDRESS <b>Thayer, Mo</b>		23c. DATE SIGNED <b>11-9-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/11/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>mit Ararat</b>	
24d. LOCATION (City, town, or county) (State) <b>Douglas County, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J.C. Burns</b> ADDRESS <b>Willow Springs, Mo</b>			
DATE REC'D BY LOCAL REG. <b>11-9-53</b>		REGISTRAR'S SIGNATURE <b>Arthur Wolf</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J.C. Burns</b> ADDRESS <b>Willow Springs, Mo</b>	

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

*J. Burns*

Licensed Embalmer No. 3379

P. O. Address Willow Springs, Y

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.