

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42623  
State File No. ....

FILED DEC 28 1953  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Trenton, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Trenton, Mo. Trenton Twp</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>912 West 11th. St. 04020</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>912 West 11th St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Willaim</b>		b. (Middle) <b>E.</b>	
c. (Last) <b>Daniels</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 24-53</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>3/28/1881</b>
9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>27</b>	IF UNDER 4 HRS. Hours <b>27</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>669-66---</b>	11. BIRTHPLACE (State or foreign country) <b>La Gonda, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Geo. Daniels</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie Perrin</b>	
14. NAME OF HUSBAND OR WIFE <b>Iva, Smith, Daniels</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>268-14-6355</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs William E. Daniels</b>		ADDRESS <b>Trenton MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p style="text-align: center;"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS WHICH MAY CONTRIBUTE Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? <b>260X</b> YES <input type="checkbox"/> NO <input 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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>12-22-53</b> , 19 <b>53</b> , to <b>12-24-</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>12-22-</b> , 19 <b>53</b> and that death occurred at <b>6:45 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. A. J. [Signature]</b>		23b. ADDRESS <b>Trenton, Mo</b>	
23c. DATE SIGNED <b>12-24-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec 26, 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Maple Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Trenton, Mo</b>	
DATE REC'D BY LOCAL REG. <b>12-26-53</b>		REGISTRAR'S SIGNATURE <b>Jane Jais</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Hipson Funeral Home</b>		ADDRESS <b>Trenton, Mo</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 .....  
Student Embalmer

Signed Les G. Whitaker.....

Licensed Embalmer No. 4780.....

P. O. Address Trenton, N.J......

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.