

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1265
92

FILED JAN 27 1954

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Alabama b. COUNTY Limestone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 2 months	c. CITY OR TOWN Elkmont
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) Inns Hotel		8010 8	
3. NAME OF DECEASED (Type or Print) a. (First) Glenn b. (Middle) Thomas c. (Last) Daniel		4. DATE OF DEATH (Month) (Day) (Year) 1 7 1954	
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 18, 1929
9. AGE (In years last birthday) 24	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Limestone Co., Alabama
12. CITIZEN OF WHAT COUNTRY? U. S.	13a. FATHER'S NAME Lofton Daniel	13b. MOTHER'S MAIDEN NAME Elsie Carter	14. NAME OF HUSBAND OR WIFE Eunice Daniel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eunice Daniel Athen, Alabama	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Chronic glomerulonephritis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (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	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 Dec. 7, 1953, to Jan. 7, 1954, that I last saw the deceased alive on Jan. 7, 1954, and that death occurred at 11:25 P.M., from the causes and on the date stated above.			
23a. SIGNATURE B.I. Burns (Degree or title) B.I. Burns, M.D.		23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 1-8-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-8-54	24c. NAME OF CEMETERY OR CREMATORY --	24d. LOCATION (City, town, or county) (State) Ardmore, Alabama
DATE REC'D BY LOCAL REG. 1-8-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newcomer's Sons N. K. C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed.....
John H. Hill

Licensed Embalmer No...45...

P. O. Address...K.C. 16

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.