

STANDARD CERTIFICATE OF DEATH

FILED APR 26 1954

BIRTH NO. REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 16

0730

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

1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GRANBY</b>	c. LENGTH OF STAY (In this place) <b>township)</b>	c. CITY OR TOWN <b>Neosho</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>815 PRARIE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edwin</b> b. (Middle) <b>LA RAY</b> c. (Last) <b>Daniels</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 16, 1954</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>APRIL 6, 1954</b>	9. AGE (In years last birthday) if UNDER 1 YEAR if UNDER 1 HR. Months Days Hours Min. <b>10 5</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>child</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Wheaton Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Lester E. Daniels</b>	13b. MOTHER'S MAIDEN NAME <b>Vivian King</b>	14. NAME OF HUSBAND OR WIFE <b>child</b>
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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>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lester E. Daniels Neosho Mo</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CONGENITAL HEART FAILURE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Abnormal Heart development</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 <b>7544</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from April 6, 1954, to April 16, 1954, that I last saw the deceased alive on April 14, 1954, and that death occurred at 5:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James L. Holmes, D.O.</b>	23b. ADDRESS <b>Wheaton, MO</b>	23c. DATE SIGNED <b>4/16/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4-18-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dice Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Starview, MO</b>
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DATE REC'D BY LOCAL REG. <b>Apr. 20, 1954</b>	REGISTRAR'S SIGNATURE <b>M. L. Young</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>CLARK-BIGHAM</b>	ADDRESS <b>Neosho.</b>
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**RECEIVED**

**NEWTON COUNTY HEALTH UNIT**

District Health Officer No. \_\_\_\_\_

District File Number 454-69

Date Filed APR 23 1954

**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 W. E. Hueston

Licensed Embalmer No. 477

P. O. Address Joplin

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.