

No. 300  
10.48

FILED APR 27 1954

# STANDARD CERTIFICATE OF DEATH

State File No. **14603**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **325** PRIMARY REG. DIST. NO. **4477** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY <b>SCHUYLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>SCHUYLER</b>	
b. CITY OR TOWN <b>GLENWOOD</b>	c. LENGTH OF STAY (in this place) <b>31 yrs</b>	c. CITY OR TOWN <b>GLENWOOD</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) <b>6980</b>	

3. NAME OF DECEASED (Type or Print) <b>HARVE WILLIAM DANIELS</b>			4. DATE OF DEATH <b>APRIL 22, 1954</b>		
a. (First)	b. (Middle)	c. (Last)	Date (Month)	Date (Day)	Date (Year)
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec 5, 1872</b>	9. AGE (In years: last birthday) <b>81</b>	If UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Adair Co Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Eliza Daniels</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Leawbridge Holly Estella Smith Daniels</b>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clark Daniels</b> ADDRESS <b>Glenwood Mo</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>	ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	DUE TO (c) _____		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>332X</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) _____	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 April 20, 1954, to April 22, 1954, that I last saw the deceased alive on April 22, 1954, and that death occurred at 25 p m., from the causes and on the date stated above.

23a. SIGNATURE <b>W.C. Stokes</b> (Degree or title) <b>DO</b>	23b. ADDRESS <b>Lancaster, Missouri</b>	23c. DATE SIGNED <b>April 23, 1954</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 25, 54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Glenwood 5007</b>
		24d. LOCATION (City, town, or county) (State) <b>Glenwood, Mo</b>

DATE REC'D BY LOCAL REG <b>Apr 24/54</b>	REGISTRAR'S SIGNATURE <b>W.C. Stokes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Everett R Head</b> ADDRESS <b>Lancaster, Mo</b>
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(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.....  
Signature of Student Embalmer

Signed *Everett R. Head*.....

Licensed Embalmer No. *403*.....

P. O. Address *Leicester*.....

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.