

0.300  
0.48

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15241**

BIRTH NO. **124** REG. DIST. NO. **68** PRIMARY REG. DIST. NO. **4119** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY <b>Christian County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ozark</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ozark, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ozark Mo</b>		d. STREET ADDRESS (If rural, give location) <b>Ozark Mo</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>W</b> c. (Last) <b>McDaniel</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 27 1954</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Jan. 21, 1876</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours 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		11. BIRTHPLACE (State or foreign country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>

13a. FATHER'S NAME <b>James McDaniel</b>	13b. MOTHER'S MAIDEN NAME <b>Julinda Barnard</b>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

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.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Lillie Gobble</b>	ADDRESS <b>Ozark 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis years</b> DUE TO (c) <b>Cause unknown</b>		
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 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) <b>Ozark Mo</b>
--	--	--

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 **1/20, 1954**, to **5/20, 1954**, that I last saw the deceased alive on **5/20, 1954**, and that death occurred at **5 A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Vincent P. McCormick</b>	23b. ADDRESS <b>Ozark Mo</b>	23c. DATE SIGNED <b>6/1/54</b>
---	---------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 29-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Linden</b>	24d. LOCATION (City, town, or county) (State) <b>Christian Co Mo</b>
--	-------------------------------	---	---

DATE REC'D BY LOCAL REG <b>June 10-1954</b>	REGISTRAR'S SIGNATURE <b>Luella Leonard</b>	59-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>T. B. Chaffin</b>	ADDRESS <b>Ozark Mo</b>
--	--	------	--	----------------------------

(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 .....  
Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark Mo

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.