

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29530**

FILED AUG 16 1954		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 4499		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY Shelby				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina		c. LENGTH OF STAY (In this place) 38 Months		c. CITY OR TOWN Shelbina		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 1020	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baker Nursing Home				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Grace c. (Last) Daniel			4. DATE OF DEATH (Month) (Day) (Year) Aug. 9, 1954				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 11, 1879		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Shelby County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Chas. V. Clay		13b. MOTHER'S MAIDEN NAME Amanda Henniger		14. NAME OF HUSBAND OR WIFE Charles R. Daniel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. H. C. Ferguson, Memphis, Tenn.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Renal disease DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 3 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X				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) m.		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 Jan 4, 1951 , to Aug 9, 1954 , that I last saw the deceased alive on Aug 8, 1954 and that death occurred at 7:20 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. H. Tomi D.O.				23b. ADDRESS Shelbina, Missouri		23c. DATE SIGNED 8-12-54	
24a. BURIAL OR CREMATION REMOVAL (Specify) Burial		24b. DATE 8/11/1954	24c. NAME OF CEMETERY OR CREMATOR Shelbina IOOF		24d. LOCATION (City, town, or county) (State) Shelbina, Missouri		
DATE REC'D BY LOCAL REG. 8-12-54		REGISTRAR'S SIGNATURE Uda Garrison		25. FUNERAL DIRECTOR'S SIGNATURE E. Hayes		ADDRESS Shelbina, 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..... *Paul E. Hayes*

Licensed Embalmer No. *446*

P. O. Address..... *Shelton*

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.