

FILED NOV 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34926

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) Richland, Mo		c. CITY OR TOWN Richland, Mo	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Franklin c. (Last) McDaniel		4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 27, 1872
9. AGE (In years last birthday) 81		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Dixon, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Willie McDaniel		13b. MOTHER'S MAIDEN NAME Caieil Unknown		14. NAME OF HUSBAND OR WIFE Clona Florence Hill	
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 Leslie McDaniel Richland, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchial pneumonia</i>		DUPLICATE		<i>2 wks.</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Influenza</i>			
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Cancer prostate</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>481XH</i>		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 *Oct 12, 1954*, to *Nov 4, 1954*, that I last saw the deceased alive on *Nov 4, 1954*, and that death occurred at *12:35 m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Louis J. Myers R.O.</i>		23b. ADDRESS Richland, Missouri		23c. DATE SIGNED Nov 6 54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 7/54		24c. NAME OF CEMETERY OR CREMATORY Dowdy Cemetery		24d. LOCATION (City, town, or county) (State) Richland, Mo Rural	
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DATE REC'D BY LOCAL REG. 11-6-54		REGISTRAR'S SIGNATURE <i>Caroline Anderson</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Hedges</i> Hedges Funeral Home Richland, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed 11-6-54
Number

County Health Officer
APPROVED 11-6-54

NOV 10 1954

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..

X

Student.....
Signature of Student Embalmer

Signed *Clarence Cross*

Licensed Embalmer No. 489

P. O. Address *Waynesville*

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.

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