

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36401

State File No.

FILED DEC 7 1954

Registrar's No. 174

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural South Clark Twsp.	
c. LENGTH OF STAY (In this place) 5 hrs.		d. STREET ADDRESS (If rural, give location) 5 Mi. South of Fairfax	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hosp.			
3. NAME OF DECEASED a. (First) THOMAS		b. (Middle) WALTER	
(Type or Print)		c. (Last) McDANIEL	
4. DATE OF DEATH Nov. 29 1954		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 17, 1870		9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	
11. BIRTHPLACE (State or foreign country) Atchison Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Ephriam McDaniel		13b. MOTHER'S MAIDEN NAME Nancy Angel		14. NAME OF HUSBAND OR WIFE Essie McDaniel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Essie McDaniel ADDRESS Fairfax Mo.	

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) Acute myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY THROMBOSIS		6 hrs.	
		DUE TO (c) ARTERIO-SCLEROTIC HT. DIS		15 yrs	
		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 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 **11/27/54**, 19___, to **11/29/54**, 19___, that I last saw the deceased alive on **11/29**, 19**54**, and that death occurred at **10:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE James L. Coffey (Degree or title) M.D.		23b. ADDRESS St. Louis, Mo.		23c. DATE SIGNED 11/30/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 1, 1954		24c. NAME OF CEMETERY Pleasant Ridge		24d. LOCATION (City, town, or county) (State) Fairfax Mo.	
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DATE REC'D BY LOCAL REG. Nov 30, 1954		REGISTRAR'S SIGNATURE Harvin A. Schaefer 443-0		25. FUNERAL DIRECTOR'S SIGNATURE Schooler Funeral Home ADDRESS Fairfax Mo.	
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WRITE PLAINLY—USING UNFAADING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed Marvin H. Schuster

Signed.....
Student Embalmer

Licensed Embalmer No. 4162

P. O. Address Fairfax, Va.

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.