

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3638**

BIRTH NO. _____ REG. DIST. NO. **381** PRIMARY REG. DIST. NO. **6182** Registrar's No. _____

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Sullivan	
b. CITY OR TOWN Milan		c. CITY OR TOWN Milan - Rural	
c. LENGTH OF STAY (in this place) Polk		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) Union Twp. 1050 0	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Edward c. (Last) Daily			4. DATE OF DEATH (Month) (Day) (Year) 1-30-1955		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-14-1889	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Days 11	IF UNDER 24 HRS. Hours 6 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Unionville - Mo	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Timothy Daily	13b. MOTHER'S MAIDEN NAME Mary Maddock	14. NAME OF HUSBAND OR WIFE Bertha Lawrence
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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.	17. INFORMANT'S SIGNATURE OR NAME Bertha L. Daily ADDRESS Milan Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1-30-55
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) injured in car wreck		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture skull - DUE TO (c) chest injuries -		
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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway C - Sullivan Co	21c. (CITY, TOWN, OR TOWNSHIP) Milan (COUNTY) Sullivan (STATE) Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 30-55; 7:45	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? car collision -
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.W. Simpson, D.O. Coroner	23b. ADDRESS Milan, Mo	23c. DATE SIGNED 2-2-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/4/55	24c. NAME OF CEMETERY OR CREMATORY St Marys Cem.	24d. LOCATION (City, town, or county) (State) Milan - Mo
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DATE REC'D BY LOCAL REG. 2-4-1955	REGISTRAR'S SIGNATURE Mrs. H. B. Harris	5. FUNERAL DIRECTOR'S SIGNATURE Schewe - Dursch Schewe ADDRESS Milan - Mo
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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: *Douglas Schaefer*

Licensed Embalmer No. *2667*

P. O. Address: *Milan, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.