

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3980**
REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **160**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (In this place) 71 hrs	c. CITY OR TOWN St. Joseph 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not hospital or institution, give street address or location) Martin Nursing Home		e. STREET ADDRESS (If rural, give location) 914 No. 3rd St. Martin Nursing Home	
3. NAME OF DECEASED (Type or Print) a. (First) ELMER b. (Middle) E (DICK) c. (Last) MC DANIEL			4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1957
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Jan. 16, 1887
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. owner of creamery Milk handling	11. BIRTHPLACE (City and State or Foreign Country) La Prairie, Illinois
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John McDaniel		13b. MOTHER'S MAIDEN NAME Sarah Collins	14. NAME OF HUSBAND OR WIFE none
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 AND ADDRESS Mrs. W. J. Small 1024 W. Cucharras Cole. Springs, Col.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Decomposition</i> ANTECEDENT CAUSES DUE TO (b) <i>Arterio Sclerosis</i> DUE TO (c) <i>Senility</i> 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 4500	
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 <i>1-7-57</i> , 19 <i>57</i> , to <i>2-5-57</i> , that I last saw the deceased alive on <i>2-6-57</i> , 19 <i>57</i> , and that death occurred at <i>1:30 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>G. E. Zoelner</i>		(Degree or title) <i>D.O.</i>	23b. ADDRESS <i>322 Illinois Ave. City</i>
23c. DATE SIGNED <i>2-8-57</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 9, 1955	24c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery
		24d. LOCATION (City, town, or county) (State) Doniphan, Kansas	
DATE REC'D BY LOCAL REG. <i>Feb 14, 1955</i>		REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Carl Clark</i> Clark Funeral Home St. Joseph, Mo.

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..... *Evela Clark*

Licensed Embalmer No..... *42*

P. O. Address..... *St. Joseph*

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.