

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5907

State File No.

FILED MAR 7 1955

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4459 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u> <u>0930</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY OR TOWN <u>Osceola</u>		c. CITY OR TOWN <u>Osceola</u>	
c. LENGTH OF STAY (in this place) <u>50 years</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>/</u>		e. STREET ADDRESS (If rural, give location) <u>0930</u>	

3. NAME OF DECEASED a. (First) <u>Zetta</u> (Type or Print)			b. (Middle) <u>E.</u>			c. (Last) <u>Daniel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb; 23, 1955</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug; 12, 1875</u>		9. AGE (in years last birthday) <u>79</u>		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) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Joseph L. Johnston</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH H. TRUE</u>			14. NAME OF HUSBAND OR WIFE <u>Tell O. Daniel - Osceola</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tell O. Daniel, Osceola Missouri</u>		

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____						years <u>"</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u> <u>Angina - coronary</u>									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5705</u>				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 1950, 19 , to 2-23, 1955, that I last saw the deceased alive on 2-22, 1955, and that death occurred at 3a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Tell O. Daniel M.D.</u>			23b. ADDRESS <u>Osceola Mo</u>			23c. DATE SIGNED <u>2-26-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-26-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osceola</u>		24d. LOCATION (City, town, or county) (State) <u>Osceola Mo.</u>		

DATE REC'D BY LOCAL REG. <u>2-26-55</u>		REGISTRAR'S SIGNATURE <u>Tell O. Daniel</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Grand Central Funeral Home Osceola Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MS MAR 27 1958

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 *J. B. [Signature]*.....

Licensed Embalmer No. *303*.....

P. O. Address *[Signature]*.....

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.