

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20753**

FILED JUN 27 1955

BIRTH NO. _____ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **6080** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY Ste Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ste Genevieve	
b. CITY (If outside corporate limits, write RURAL and give township) rural (saline)	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) Coffman	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Everett c. (Last) Danieley			4. DATE OF DEATH (Month) (Day) (Year) June 17 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 13 1890	9. AGE (In years last birthday) 64	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	11. BIRTHPLACE (City and State or Foreign Country) Coffman	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME JOHN DANIELEY	13b. MOTHER'S MAIDEN NAME MARGARET ALEXANDER	14. NAME OF HUSBAND OR WIFE Myrtle Danieley
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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. non	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Myrtle Danieley Ste Genevieve
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus DUE TO (c)		
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 260x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 **Feb**, 19**47**, to **6-17**, 19**55**, that I last saw the deceased alive on **6-6**, 19**55**, and that death occurred at **1304** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. H. Appberry MD	23b. ADDRESS Flour River Mo	23c. DATE SIGNED 6-18-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE June 19 1955	24c. NAME OF CEMETERY OR CREMATORY Mayberry	24d. LOCATION (City, town, or county) (State) Coffman Mo
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DATE REC'D BY LOCAL REG. June 29 1955	REGISTRAR'S SIGNATURE Luille Barber	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Cozean Farmington Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

250

0950

Registrar of Vital Statistics

Two (2) Certified Copies

JUN 28 1955

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.....
Licensed Embalmer No. 40
P. O. Address Farming

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.