

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20789

State File No.

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 6098 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>SCHUYLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>LANCASTER</u> b. COUNTY <u>SCHUYLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lancaster - Rural</u>		c. CITY OR TOWN <u>0980</u>	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		e. STREET ADDRESS (If rural, give location) <u>3 mi from Lancaster</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jo</u> b. (Middle) <u>ANN</u> c. (Last) <u>Daniels</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-16-55</u>		
5. SEX <u>FEMALE</u> COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>Nov. 7-1949</u>	
9. AGE (In years last birthday) <u>5</u> <u>7</u> <u>9</u> Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Glenwood Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Harve C. Daniels</u>		13b. MOTHER'S MAIDEN NAME <u>Mabel Lanham</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Harve C Daniels</u> ADDRESS <u>Glenwood Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9291</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMEIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in Farm Pond</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Schuyler Mo 98</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-16-55 P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2 children playing in pond</u>	

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 _____ p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. J. Fenton</u>		23b. ADDRESS <u>Coroner of Lancaster Mo.</u>		23c. DATE SIGNED <u>6-16-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>June 18, 55</u>		24b. DATE <u>June 18, 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glenwood</u>	
		24d. LOCATION (City, town, or county) (State) <u>Glenwood Mo.</u>			

DATE REC'D BY LOCAL REG. <u>June 18-55</u>		REGISTRAR'S SIGNATURE <u>Barb. Prof. Drake</u>		353	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Marchand</u>		ADDRESS <u>Norman Lancaster Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Donald E. Foster*.....
Licensed Embalmer No. *47*.....

P. O. Address *Kirkville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.