

FILED AUG 15 1955

## STANDARD CERTIFICATE OF DEATH

State File No. **21133**

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>DeKalb</b> <i>0320</i>			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <b>St Joseph</b> <i>0</i> c. LENGTH OF STAY (in this place) <b>One Week</b>				c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <b>Maysville</b> <i>1</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Methodist Hospital</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Loleta</b>		b. (Middle) <b>Lizzie</b>		c. (Last) <b>Daffron</b>	
4. DATE OF DEATH		8 - 6 - 55		5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 24, 1888</b>		9. AGE (in years last birthday) <b>66</b>		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) <b>Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Cortland Bennett</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Charlie Daffron</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Charlie Daffron</b> ADDRESS <b>Maysville Mo.</b>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral, Renal, pulmonary and intestinal infarct, on Emboli from cardiac atrial mural thrombi</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive, arteriosclerotic</b> DUE TO (c) <b>Heart disease &amp; Fibrillation</b> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Acute &amp; Chronic Cholecystitis &amp; cholelithiasis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>10 days</b> <b>5 years</b> <b>30 years</b>	
19a. DATE OF OPERATION <b>8/9/55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Acute &amp; chronic cholecystitis &amp; cholelithiasis</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.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 <b>7-26</b> , 19 <b>55</b> , to <b>8-6</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>8-6</b> , 19 <b>55</b> , and that death occurred at <b>4:23 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John K. McDaniel</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>902 Edmund St., St. Joseph, Mo.</b>		23c. DATE SIGNED <b>8/9/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-10-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Amity</b>		24d. LOCATION (City, town, or county) (State) <b>Amity MO.</b>	
DATE REC'D BY LOCAL REG. <b>Aug 10, 1955</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John Brown</b>		ADDRESS <b>Maysville Mo.</b>	

(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 .....  
Student Embalmer

Signed.....

Licensed Embalmer No. 3933

P. O. Address. Maysville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.