No. 300
10.48

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31960

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 138

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

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sikeston
c. LENGTH OF STAY (in this place) 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 209 No. Handy St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Scott
c. CITY OR TOWN Sikeston
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 209 No. Handy 1003

3. NAME OF DECEASED (Type or Print) a. (First) Clyde b. (Middle) Lee c. (Last) Daniel

4. DATE OF DEATH (Month) Sept. (Day) 20 (Year) 1955

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 18, 1906
9. AGE (In years last birthday) 49 IF UNDER 1 YEAR Months 8 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY State Highway
11. BIRTHPLACE (City and State or Foreign Country) Charleston, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Noah Daniel
13b. MOTHER'S MAIDEN NAME Addie Barton
14. NAME OF HUSBAND OR WIFE Edna Daniel

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. 490-03-0993
17. INFORMANT'S SIGNATURE OR NAME Edna Daniel ADDRESS Sikeston Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) 490X H

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Esophagus — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-17, 1955, *to* 9-20, 1955, *that I last saw the deceased alive on* 9-20, 1955, *and that death occurred at* 7:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE S. M. Sarno (Degree or title) M.D.
23b. ADDRESS Morehouse, Mo.
23c. DATE SIGNED 9-23-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 22, 1955
24c. NAME OF CEMETERY OR CREMATORY Garden of Memories
24d. LOCATION (City, town, or county) (State) Sikeston, Mo.

DATE REC'D BY LOCAL REG. 9-27-55
REGISTRAR'S SIGNATURE Mrs Ella Hunter
25. FUNERAL DIRECTOR'S SIGNATURE Albritton Funeral Home ADDRESS Sikeston Mo.

429-0 (Licensed Embalmer's Statement on Reverse Side)

OCT 3 1955

DATE RECEIVED

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1055-209

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Elgin McMahle

Licensed Embalmer No. 46

P. O. Address Charleston

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