

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36924

FILED NOV 18 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4514

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 8 YRS		e. STREET ADDRESS (If rural, give location) 2631 LOCKRIDGE	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL NO 2.			

3. NAME OF DECEASED a. (First) MARY		b. (Middle) NOLA		c. (Last) Mc DANIEL		4. DATE OF DEATH (Month) (Day) (Year) OCT 19th 55	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT 1st 1924		9. AGE (In years last birthday) 31 yrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) presser		10b. KIND OF BUSINESS OR INDUSTRY presser		11. BIRTHPLACE (City and State or Foreign Country) CORSICANA - TEXAS		12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME GILBERT EVANS		13b. MOTHER'S MAIDEN NAME JANIE DOBY		14. NAME OF HUSBAND OR WIFE THEARTIS Mc DANIEL -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 460-32-1524		17. INFORMANT'S SIGNATURE OR NAME ADDRESS THEARTIS McDANIEL 2631 Lockridge			

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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Peritonitis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) Intestinal Obstruction		over 1 yr.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Perforations of Small Intestines		576x	
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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Deputy Coroner		23b. ADDRESS 1618 Lydia Ave		23c. DATE SIGNED 10/20/55	
24a. BURIAL, CREMATION, REMOVAL REMOVAL		24b. DATE OCT 21st 1955		24c. NAME OF CEMETERY OR CREMATORY Corsicana Cemetery	
24d. LOCATION (City, town, or county) (State) CORSICANA TEXAS		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Adkins Funeral Home Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 10-21-55		REGISTRAR'S SIGNATURE Neva Marshall			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. M. Williams

415 L

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..... *C. Kenneth Perry*

Licensed Embalmer No. *244*

P. O. Address *W. C. ...*

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.