S. No. 300
EV. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7668

FILED MAR 12 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 559

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Manchester
c. LENGTH OF STAY (In this place): 3 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Manchester Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Glencoe 4000
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Highway 109

3. NAME OF DECEASED (Type or Print)
a. (First): Rufus
b. (Middle):
c. (Last): McDaniel

4. DATE OF DEATH (Month) (Day) (Year): Feb 26 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan 26, 1877
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 1, Days 0; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Various
11. BIRTHPLACE (City and State or Foreign Country): St. Louis Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Benjamin McDaniel
13b. MOTHER'S MAIDEN NAME: Mary Hall
14. NAME OF HUSBAND/WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 318-20-3644
17. INFORMANT'S SIGNATURE OR NAME: Alfred McKinnon Grover, Mo. — ADDRESS

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) Gangrene of foot — INTERVAL BETWEEN ONSET AND DEATH: Don't Know

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Endarteritis obliterans — " "
DUE TO (c) Arteriosclerosis — " "

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility, blindness — " "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 450:1
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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* Feb. 18, 1956, *to* Feb. 16, 1956, *that I last saw the deceased alive on* Feb. 16, 1956, *and that death occurred at* 12:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter W. Laffey, M.D.
23b. ADDRESS: Box 312, Manchester, Mo.
23c. DATE SIGNED: 2/27/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-27-56
24c. NAME OF CEMETERY OR CREMATORY: Bethel
24d. LOCATION (City, town, or county) (State): Pond Mo.

DATE REC'D BY LOCAL REG.: 2-27-56
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Schrader Funeral Home Ballwin, Mo

(Licensed Embalmer. See Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard Bopp

Licensed Embalmer No. 458

P. O. Address Baldwin, N

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