No. 300
10.48

FILED MAR 28 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 7925

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 87

**1. PLACE OF DEATH**
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hosp. & Clinic

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN: Canton
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): Rural Route # 2

0560

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

**4. DATE OF DEATH** (Month) 3 (Day) 27 (Year) 1956

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: 3-18-1891

**9. AGE** (In years last birthday): 65 | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer

**10b. KIND OF BUSINESS OR INDUSTRY**: Farming

**11. BIRTHPLACE** (City and State or Foreign Country): Lewis County, Mo.

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: William C. McDaniel

**13b. MOTHER'S MAIDEN NAME**: Nall

**14. NAME OF HUSBAND OR WIFE**: Bea McDaniel

**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.**: None

**17. INFORMANT'S SIGNATURE OR NAME**: John R. McDaniel ADDRESS: Canton, 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) Circulatory collapse — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) post-surgical shock — 4 hours
DUE TO (c) secondary surgery for the evacuation of clots from the bladder. — 5 hours

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Prostatic hypertrophy with obstruction. Unknown

**19a. DATE OF OPERATION**: 3/26/56

**19b. MAJOR FINDINGS OF OPERATION**: Prostatic hypertrophy; secondary intravesicle hemorrhage.

**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)**: 610X

**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* 3/19, 1956, *to* 3/27, 1956, *that I last saw the deceased alive on* 3/27, 1956, *and that death occurred at* 2:35 Am., *from the causes and on the date stated above.*

**23a. SIGNATURE** Paul Laughlin (Degree or title) M.D.
**23b. ADDRESS** Kirksville, Mo.
**23c. DATE SIGNED** 3-27-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify)
**24b. DATE** 3-30-56
**24c. NAME OF CEMETERY OR CREMATORY**: Zion Hill
**24d. LOCATION** (City, town, or county) (State): Lewis County Mo.

**DATE REC'D BY LOCAL REG.** 3-28-56
**REGISTRAR'S SIGNATURE** Kate Lambert
**25. FUNERAL DIRECTOR'S SIGNATURE** Barkley T. Horne ADDRESS: Canton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

VS JUN 3 1959

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 421,

P. O. Addres Kirkville,

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.