

FILED JUN 4 1956

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

16077

STATE FILE NUMBER

 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 494

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Greene</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Lamar</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Johns Hosp.</b>		d. STREET ADDRESS <b>603 Grand</b>	
Length of stay in 1b <b>1 Day</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH				
First <b>FLOYD</b> Middle <b>KAY</b> Last <b>McDANIEL</b>			Month <b>May</b> Day <b>27</b> Year <b>1956</b>				
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<b>Male</b>	<b>White</b>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	<b>19 June 1903</b>	<b>52</b>	Months	Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
<b>Telegrapher</b>		<b>Railroad</b>		<b>Missouri</b>		<b>USA</b>	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
<b>Aaron McDaniel</b>			<b>Missouri Routh</b>				
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.		17. INFORMANT		Address	
<b>No.</b>		<b>No.</b>		<b>Clara McDaniel (Wife)</b>		<b>Lamar, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE* (a)			<b>few hrs</b>		
DUE TO (b)					
DUE TO (c)					
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<b>Acute pulmonary edema</b>					
<b>Hypopotassemic ht. disturbance</b>					
<b>Diabetic acid coma.</b>					
<b>Fatty infiltration (Keen's cirrhosis?), renal disease</b>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
		<b>260X</b>			
20c. TIME OF INJURY		20d. INJURY OCCURRED			
Hour Month, Day, Year		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <b>5-26</b> to <b>5-27-56</b> and last saw <b>him</b> alive on <b>5-27-56</b>					
Death occurred at <b>9:00 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title)			22b. ADDRESS		22c. DATE SIGNED
<b>G. Blumauer MD</b>			<b>609 Cherry</b>		<b>5-27-56</b>
			<b>Springfield, Missouri</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. LOCATION (City, town, or county) (State)	
<b>Burial</b>		<b>5-27-56</b>		<b>Lamar, Missouri</b>	
24. FUNERAL DIRECTOR			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE
<b>Chiles Funeral Home Lamar, Mo.</b>			<b>5-28-56</b>		<b>Earl Williamson</b>

(Licensed Embalmer's Statement on Reverse Side)

 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Cause of death cannot be ascribed to a death due to natural causes.

JUL 9 1956  
SEP 7 9 1956  
JUL 9 1956  
JUN 28 1957

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Max Rhodes* .....  
Licensed Embalmer No. ....

P. O. Address *Spring* .....

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