

21368

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 26 1956

Registrar's No. 21REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 5896

BIRTH NO. _____		REG. DIST. NO. <u>265</u>		PRIMARY REG. DIST. NO. <u>5896</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY Ozark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ozark			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wasola		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Wasola		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 0770			
3. NAME OF DECEASED (Type or Print) a. (First) Rev. Samuel b. (Middle) H. c. (Last) Daniel			4. DATE OF DEATH (Month) (Day) (Year) June 11, 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 14, 1874		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister & Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Marshfield, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Walter Daniel			13b. MOTHER'S MAIDEN NAME Emley Jane Burks		14. NAME OF HUSBAND OR WIFE Attie J. Daniel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rev. Alfred H. Daniel, Van Buren, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Auricular Fibrillation DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 15 7/8 15 7/8	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 433C				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 9-16 , 1955, to 6-11 , 1956 that I last saw the deceased alive on 6-11 , 1956 and that death occurred at 4:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE M. C. Gentry				23b. ADDRESS M. W. P. Ave. Mo.		23c. DATE SIGNED 6-16-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6 14 1956	24c. NAME OF CEMETERY OR CREMATORY Oak Grove		24d. LOCATION (City, town, or county) (State) Wasola, Mo.		
DATE REC'D BY LOCAL REG. 6-25-56		REGISTRAR'S SIGNATURE Thas Mahan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Funeral Home, Ava, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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.....
Charles R. Fish

Licensed Embalmer No. *466*

P. O. Address .. *Quincy, Ill.*

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.