

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22486

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6087 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. Gilliam,</u>		c. CITY OR TOWN <u>R.F.D. Gilliam</u>	
c. LENGTH OF STAY (in this place) <u>94 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		f. STREET ADDRESS (If rural, give location) <u>6978</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Julia</u>	b. (Middle) <u>T.</u>	c. (Last) <u>Daniel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 10-1956</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July, 10-1862</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 1 YEAR Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Saline Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13a. FATHER'S NAME <u>Thos. Dow</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Duggins</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Fred S. Snoddy, Gilliam, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>from - 10 days</u> <u>years</u> <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chs. myocarditis, with failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chs. Nephritis</u> DUE TO (c) <u>Basal Cell Carcinoma of face 6 yr.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of femur</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>191 X F</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>Fractured Rx. femur</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home - fell from bed</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Gilliam Saline, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-1-56, 9 A.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell from bed.</u>
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22. I hereby certify that I attended the deceased from Sept. 1949, to July 10, 1956, that I last saw the deceased alive on July 8, 1956, and that death occurred at 4:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>O. U. Mc Burney, M.D.</u>	23b. ADDRESS <u>Slater, Mo.</u>	23c. DATE SIGNED <u>7-11-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/12/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gilliam Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gilliam, Mo.</u>
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DATE REC'D BY LOCAL OFFICE <u>7/12/56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Carl Metz</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hill Brothers, Slater, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

920

JUL 17 1958

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..... *A. C. Hill*.....

Licensed Embalmer No. *309*

P. O. Address *States*.....

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.