

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44458**

FILED DEC 31 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **196**

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SIKESTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SIKESTON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>210 S. KINGSHIGHWAY</b>		d. STREET ADDRESS (If rural, give location) <b>210 S. KINGSHIGHWAY</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GIDEON</b> b. (Middle) <b>EVANS</b> c. (Last) <b>DANIELS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-16-56</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>APR 24, 1884</b>	9. AGE (In years last birthday) <b>72</b>	If UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>0</b>	11. BIRTHPLACE (State or foreign country) <b>CRITTENDEN Co Ky</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John Daniel Daniels</b>	13b. MOTHER'S MAIDEN NAME <b>W. Young</b>	14. NAME OF HUSBAND OR WIFE <b>JENNIE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Jennie Daniel Sikeston Mo</b>	ADDRESS <b>Mo</b>
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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 <b>5 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio Soreular Rrenal Disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Neovascular</b> DUE TO (c) <b>Chronic Hypertension</b>		
II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchitis</b>		<b>5 years</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1951**, to **12-1**, 19**56**, that I last saw the deceased alive on **12-1**, 19**56**, and that death occurred at **6:55 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas C. McCreery</b>	23b. ADDRESS <b>Sikeston Mo.</b>	23c. DATE SIGNED <b>12-17-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12-18-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City</b>	24d. LOCATION (City, town, or county) (State) <b>SIKESTON MO</b>
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DATE REC'D BY LOCAL REG. <b>12-17-56</b>	REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Welch Funeral Home</b>	ADDRESS <b>Sikeston Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED DEC 24 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1256-270

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**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 .....  
Student Embalmer

Signed

*Raymond Crews*

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo.

**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 this body is not embalmed, fact should be so stated above.