

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11858

STATE FILE NUMBER

FILED APR 9 - 1957

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada, Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Nevada, Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u> Length of stay in 1b <u>29 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>316 East Maple</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Samuel</u> First <u>Romer</u> Middle <u>McDaniel</u> Last		4. DATE OF DEATH <u>Mar. 27, 1957</u> Month <u>Mar.</u> Day <u>27</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 25, 1871</u>
9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer Retired</u>	
11. BIRTHPLACE (City and state or country) <u>Adams County Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>William F. McDaniel</u>		14. MOTHER'S MAIDEN NAME <u>Louisa Mc Gourney</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	(If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mrs. Ruth Peabody</u> Address <u>Nevada Missouri</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Miocardial Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Died in Sleep</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUPLICATE TO (b) <u>Chronic Intestinal obstruction</u> DUPLICATE TO (c) <u>Fibrous adhesions from left inguinal hernia</u> DUPLICATE TO (c) <u>sac around sigmoid colon.</u>			<u>3 weeks</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>5610</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.)		
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>March 13, 1957</u> , to <u>March 27, 1957</u> and last saw him alive on <u>Mar. 26, 1957</u> Death occurred at <u>Nevada, Mo. 4:45 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. B. Wray, M.D.</u> (Degree or title)		22b. ADDRESS <u>Moore Bldg., Nevada, Mo.</u>	22c. DATE SIGNED <u>3-29-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>3-30-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newton Bernal Park</u>	23d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>
24. FUNERAL DIRECTOR <u>Hays Funeral Service, Inc.</u> ADDRESS <u>Nevada, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-1-1957</u>	26. REGISTRAR'S SIGNATURE <u>Arma J. Ferry</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare Public Health Service

S. 300  
Y. 1-56

All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

4510

APR 22 1957

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 Richard La Griffin, Student Embalmer No. 530 working under my personal supervision.

Student Richard Griffin  
Signature of Student Embalmer

Signed H. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Nevada, 9

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.