

## STANDARD CERTIFICATE OF DEATH

State File No. **13065**

FILED APR 16 1957

Registrar's No. **1454**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>1454</b>	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>KANSAS CITY</b> )		c. LENGTH OF STAY (In this place) <b>15 yrs</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. 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 <b>WALNUT NURSING HOME</b>				e. STREET ADDRESS (If rural, give location) <b>704 West 77th St</b>			
3. NAME OF DECEASED a. (First) <b>JAMES</b>		b. (Middle) <b>E</b>		c. (Last) <b>DANIELS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 29 57</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>4-18-69</b>	
9. AGE (In years) <b>87</b>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or until retired) <b>Retired FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>LEAVENWORTH CO KANS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>THOMAS DANIELS</b>		13b. MOTHER'S MAIDEN NAME <b>SWARTZ</b>		14. NAME OF HUSBAND OR WIFE <b>LOVELLA DANIELS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		(If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>H.M. Daniels 1618 E 75th Jern. K.C.Mo</b>	
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* (a) <b>Coronary thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> <b>1st heart disease</b> DUE TO (c) <b>Sclerosis</b> <b>Hypertensive Pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b> <b>10 yrs</b> <b>10 yrs</b> <b>12 hrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>2</b> 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 <b>10:30</b> to <b>3:29</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>3-28</b> , 19 <b>57</b> , and that death occurred at <b>12:50</b> p.m., from the causes and on the date stated above.							
23. SIGNATURE <b>Don Carlos Peete</b> (Degree or title) of				23b. ADDRESS <b>1500 Prof. Bldg</b>		23c. DATE SIGNED <b>3-29-57</b>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <b>DITIAL</b>		24b. DATE <b>4-1-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>KICKAPOO CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>Leavenworth Co KS</b>	
DATE REC'D BY LOCAL REG. <b>3-29-57</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Autog Funeral Chapel Leavenworth</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Don Carlos Peete

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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.....  
Signature of Student Embalmer

Signed *Thudore R. Keston*

Licensed Embalmer No. *3003*

P. O. Address *Leak*

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.