Health, & Welfare Public Service

. 300 1-57

FILED NOV 14 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35759
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4750

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: Gen'l Hosp. #1 — Length of stay in 1b: 73 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: KansasCity — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 5403 Smart — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: John Middle: E. Last: Daniel

4. DATE OF DEATH: Month 10 Day 13 Year 1957

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Feb-21-1884 **9. AGE** (In years last birthday): 73 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter **10b. KIND OF BUSINESS OR INDUSTRY**: Self

11. BIRTHPLACE (City and state or country): K.C. Missouri **12. CITIZEN OF WHAT COUNTRY?**: U.S.A

13a. FATHER'S NAME: Montgomery W. Daniel **13b. MOTHER'S MAIDEN NAME**: Minnie Bell (unknown) **14. NAME OF HUSBAND OR WIFE**: Nellie Daniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: none **17. INFORMANT**: Mrs. Nellie Daniel Address: 5403 Smart K.C. Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary infarcts
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): congestive heart failure
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Anemia due to gastric hemorrhage

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Oct. 6, 1957, to Oct. 13, 1957 and last saw her/him alive on Oct. 13, 1957
Death occurred at 9:30 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. I. Burns M.D.
22b. ADDRESS: 24th & Cherry
22c. DATE SIGNED: 10-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 10-16-1957 **23c. NAME OF CEMETERY OR CREMATORY**: Elmwood Cemetery **23d. LOCATION** (City, town, or county) (State): Kansas City, Mo

24. FUNERAL DIRECTOR: C. H. Blackman & Son Inc. K.C. Mo. **ADDRESS**
25. DATE RECD. BY LOCAL REG.: 10-15-57
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

B. I. Burns

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 W. C. Rinne

Licensed Embalmer No. 4879

P. O. Address K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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