X
S. No. 300
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FILED JAN 21 1958

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 4192

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6197 Registrar's No. 36

**1. PLACE OF DEATH**
a. COUNTY: TEXAS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CABOOL
c. LENGTH OF STAY (in this place): min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X X

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: HOWELL
c. CITY OR TOWN: WEST PLAINS,
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 207 S. Minnesota

0461

**3. NAME OF DECEASED** (Type or Print)
a. (First) b. (Middle) c. (Last): LAWRENCE McDANIEL, JR.,

**4. DATE OF DEATH** (Month) (Day) (Year): 1-13-58

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): M
**8. DATE OF BIRTH**: 10-16-1916
**9. AGE** (In years last birthday): 41 — IF UNDER 1 YEAR: Months 2, Days 17 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): INSURANCE ADJUSTER
**10b. KIND OF BUSINESS OR INDUSTRY**: X X
**11. BIRTHPLACE** (City and State or Foreign Country): ST. LOUIS, MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: U S A

**13a. FATHER'S NAME**: LAWRENCE McDANIEL, SR.,
**13b. MOTHER'S MAIDEN NAME**: ELSIE B. SMITH
**14. NAME OF HUSBAND OR WIFE**: ILETA McDANIEL

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): X (If yes, give war or dates of service): X
**16. SOCIAL SECURITY NO.**: YES
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: ILETA McDANIEL, WEST PLAINS, MO

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): fractured neck, crushed chest, multiple fractures of arm & legs
INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): car accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: headon collision

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 60-63
**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**: Burdine Twp., Texas, Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): 1-13-58 10:30 m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Headon Collision

22. *I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ ON 1-13, 1958, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 10:55 m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): James L. Gentry (Coroner)
**23b. ADDRESS**: Cabool, Mo.
**23c. DATE SIGNED**: 1-16-58

**24a. BURIAL, CREMATION, REMOVAL** (Specify): R.
**24b. DATE**: 1-13-58
**24c. NAME OF CEMETERY OR CREMATORY**: OAK GROVE
**24d. LOCATION** (City, town, or county) (State): ST. LOUIS, MO.,

**DATE REC'D BY LOCAL REG.**: 1-17-58
**REGISTRAR'S SIGNATURE**: Gaynell Cunningham
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: ROB RTSONS, WEST PLAINS, MO

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 27 1958
FEB 5 1958

FEB 13 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3 ...

P. O. Address ...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.