

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009008

STATE FILE NUMBER 311

FILED MAR 24 1958

Registration District No. 42 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Platte Twp. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Gower 0110 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION Residence 4 Yrs.		d. STREET ADDRESS (If outside, give location) Residence on Farm R. F. D. # 1 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Frances O. Daniels			4. DATE OF DEATH Month Day Year March 13, 1958		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 1, 1881	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY house wife	11. BIRTHPLACE (City and state or country) Liberty, Mo.	12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME John Dulin			14. MOTHER'S MAIDEN NAME Mary Walker		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Dorothy Daniels, Parsons Kansas Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral & Generalized arteriosclerosis 10+ yrs.	
	DUE TO (c) 331X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) ① Arteriosclerotic heart disease ② Diabetes mellitus		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a. m. p. m.	—	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1952 to 3-13-58 and last saw her alive on 3-11-58 Death occurred at 9:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Dr. Luckenbill, MD	22b. ADDRESS Platteburg, Mo.	22c. DATE SIGNED Mar. 15, 1958

23a. BURIAL, CREMATION, REMOVALS (Specify) Burial	23b. DATE 3/15/1958	23c. NAME OF CEMETERY OR CREMATORY Allen Cemetery	23d. LOCATION (City, town, or county) (State) Gower, Mo.
24. FUNERAL DIRECTOR John H. Murray	ADDRESS Gower, Mo.	25. DATE RECD. BY LOCAL REG. Mar. 21, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Standell

(Licensed Embalmer's Statement on Reverse Side)

0110
00-56
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Me*....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John H. Murray*.....

Licensed Embalmer No. *289*.....

P. O. Address *Gower*.....

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