

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010447

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 45

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-57
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|--------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u> <u>0500</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FESTUS, MO.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>FESTUS</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HIGHWAY <u>61-67</u> INSTITUTION | | Length of stay in 1b | d. STREET ADDRESS <u>R#2</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) <u>John (N.M.F.) Mc DANIEL Jr.</u> First Middle Last | | | 4. DATE OF DEATH <u>3-12-58</u> Month Day Year | | |
| 5. SEX <u>MALE</u> <u>0</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>2-25-1927</u> | | 9. AGE (In years last birthday) <u>31</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>P.P.G. CO.</u> | 11. BIRTHPLACE (City and state or country) <u>CRYSTAL CITY, MO. 0</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>JOHN MC DANIEL, SR.</u> | | 13b. MOTHER'S MAIDEN NAME <u>MAY DE ARNOLD</u> | | 14. NAME OF HUSBAND OR WIFE <u>----</u> | |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES or unknown) (If YES, give year or dates of service) <u>YES</u> <u>WW II</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT <u>WW II</u> | Address |
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| 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>TRAUMA - Auto Accident.</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ | |
| | DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input checked="" 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.) <u>Auto Truck Collision</u> | |
| 20c. TIME OF INJURY <u>4:40</u> p.m. <u>3/12/58</u> | | |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------|---------------------|
| 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.) <u>Highway</u> | 20f. CITY, TOWN, OR LOCATION <u>Festus</u> | COUNTY <u>Jefferson</u> | STATE <u>050</u> |
| 21. I attended the deceased from <u>Highway</u> to _____ and last saw her alive on _____ Death occurred at <u>4:40</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | |

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| 22a. SIGNATURE <u>James C. Johnson M.C. Crane 3</u> | (Degree or title) | 22b. ADDRESS <u>Festus Mo.</u> | 22c. DATE SIGNED <u>3/12/58</u> |
|--------------------------------------------------------|-------------------|-----------------------------------|------------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>3-14-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Roselawn Memorial</u> | 23d. LOCATION (City, town, or county) (State) <u>CRYSTAL CITY, MO.</u> |
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| 24. FUNERAL DIRECTOR <u>GENTRY R. POLITTE</u> | ADDRESS <u>CRYSTAL CITY, MO.</u> | 25. DATE RECD. BY LOCAL REG. <u>3-13-58</u> | 26. REGISTRAR'S SIGNATURE <u>James C. Johnson</u> |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI**

DATE RECEIVED

MAR 18 1958

MAR 25 1958

APR 17 1958

VS JUN 23 1960

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 *Robert R. Pollett*

Licensed Embalmer No. 3481
P. O. Address *Creston, 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.