

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026354
STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 240 Primary Registration District No. 4358 Registrar's No. 20

| | | | | | |
|---|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lilbourn</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Lilbourn</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) <u>Baden St.</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Nancy Eveline McDaniels</u> | | | 4. DATE OF DEATH Month Day Year <u>July 9 1958</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-28-95</u> | 9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>5</u> Days <u>11</u> IF UNDER 24 HRS.: Hours <u>11</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Pope Co., Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Louis Weaver</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha Robinson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Eli McDaniels</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT Address <u>Eli McDaniels-Lilbourn, Mo.</u> | | |
| 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>Coronary Occlusion</u> DUE TO (b) <u>Hypertension, stroke, etc.</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>July 1st 1958</u> to <u>July 9th 1958</u> and last saw her alive on <u>July 9th 1958</u> Death occurred at <u>6 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Deceased or wife) <u>Dr. Elmer H. Christian, M.D.</u> | | | 22b. ADDRESS <u>Lilbourn, Mo.</u> | | 22c. DATE SIGNED <u>7-10-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | |
| <u>Burial</u> | <u>7-12-58</u> | <u>Dogwood</u> | | <u>Near East Prairie, Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Ponder Funeral Home-Lilbourn, Mo.</u> | | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>7-11-58</u> | 26. REGISTRAR'S SIGNATURE <u>H. L. Ponder Deputy</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 9 1 1958

DATE RECEIVED JUL 14 1958
NEW MADRID CO. HEALTH CENTER
E. S.

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 David J. Ponder

Licensed Embalmer No. 5030
P. O. Address Lithour, 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.