

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044863

STATE FILE NUMBER

8
FILED DEC 17 1958 Registration District No. 200 Primary Registration District No. 4315 Registrar's No. 119

300
1-56

All diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN La Plata		c. CITY OR TOWN La Plata	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hiway 63		d. STREET ADDRESS (If outside, give location) 0610	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle GILBREATH Last DANIEL		4. DATE OF DEATH Nov 29, 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 23, 1920
9. AGE (In years last birthday) 38		10. KIND OF BUSINESS OR INDUSTRY same	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) La Plata, Mo.	
13. FATHER'S NAME William O. Daniel		14. MOTHER'S MAIDEN NAME Lura Gilbreath	
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. 495-28-6357	
17. INFORMANT Mrs Lura Daniel		Address La Plata, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia 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)			INTERVAL BETWEEN ONSET AND DEATH 6 wks
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		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 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 Sept 1947 to Nov 29, 1958 and last saw ^{her} alive on Nov 29, 1958 Death occurred at 3:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wilton T. Engler M.D.		22b. ADDRESS Wilcoxville, Mo	
22c. DATE SIGNED 12-1-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 1, 1958	
23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery		23d. LOCATION (City, town, or county) (State) La Plata, Mo	
24. FUNERAL DIRECTOR Wilson Funeral Home La Plata, Mo.		25. DATE RECD. BY LOCAL REG. 12/8/58	
ADDRESS _____		26. REGISTRAR'S SIGNATURE Ruth M. Reedy.	

County File No. 12-15-58
Date Filed 12-15-58

JAN 3 1959

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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 *Kenneth M. Wilson*

Licensed Embalmer No. 4701

P. O. Address La Pate,

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.