

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006168

STATE FILE NUMBER

FILED MAR 11 1959

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 21

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Jeff.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jeff.</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rural Meramec</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Dittmer Mo</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3 mi E Hwy 30</i> Length of stay in lb <i>5 mos</i>		d. STREET ADDRESS (If outside, give location) <i>RR #1</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Oscar</i> Middle <i>T. McDaniel</i> Last <i>McDaniel</i>			4. DATE OF DEATH Month <i>2</i> Day <i>28</i> Year <i>59</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 29-1892</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>FARMER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	9. AGE (In years last birthday) <i>66</i> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <i>Catawissa Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Chas. McDaniel</i>		13b. MOTHER'S MAIDEN NAME <i>Lilly Woodland</i>	14. NAME OF HUSBAND OR WIFE <i>Joy McDaniel</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes WWI</i>		16. SOCIAL SECURITY NO. <i>198-44-1597</i>	17. INFORMANT Address <i>Alice Schaffer St Louis Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gun shot wound to head</i>			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"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>self inflicted gun shot to head.</i>	
20c. TIME OF INJURY Hour <i>4:00</i> Month, Day, Year <i>2-28-59</i> 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.) <i>Meramec</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Jeff Mo</i>
21. I attended the deceased from <i>Inquest</i> to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James C. Palmer M.D. Coroner</i>		22b. ADDRESS <i>Festa Mo.</i>	22c. DATE SIGNED <i>3/1/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>3/4/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary BAP. Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Catawissa Mo</i>
24. FUNERAL DIRECTOR <i>House of Prayers Mo</i> ADDRESS <i>Burman Funeral Home</i>		25. DATE RECD. BY LOCAL REG. <i>3-4-59</i>	26. REGISTRAR'S SIGNATURE <i>Robert G. Sawyer</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1959 JUN 4 7 NNC

MAR 10 1959

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*
P. O. Address *St Louis 2*

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.