

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009217  
STATE FILE NUMBER

FILED APR 6 1959

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <i>Howell</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence and admission) a. STATE <i>Missouri</i> COUNTY <i>Howell</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>West Plains</i>		c. CITY OR TOWN <i>West Plains</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>W.P. Memorial Hos.</i>		d. STREET ADDRESS (If outside, give location) <i>236 Johnson</i>	

3. NAME OF DECEASED (Type or print) First <i>Katie</i> Middle <i>Lee</i> Last <i>Daily</i>			4. DATE OF DEATH Month <i>3</i> Day <i>28</i> Year <i>59</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-15-1886</i>	9. AGE (In years last birthday) <i>73</i>	IF UNDER 1 YEAR Months <i>2</i> Days <i>13</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>West Plains Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
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13a. FATHER'S NAME <i>E. J. Davidson</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Pennington</i>	14. NAME OF HUSBAND OR WIFE <i>M. H. Daily</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>No.</i>	17. INFORMANT <i>M. H. Daily</i>	Address <i>West Plains Mo</i>
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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) <i>CEREBRAL HEMORRHAGE</i>	INTERVAL BETWEEN ONSET AND DEATH <i>17 HOURS</i>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) *CEREBRAL ARTERIOSCLEROSIS*

DUE TO (c) *HYPERTENSION, ESSENTIAL*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
*HYPERTENSIVE Cardio-Vascular dis. @ Senility*

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 or item 18.) <i>—</i>
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20c. TIME OF INJURY Hour <i>—</i> Month <i>—</i> Day <i>—</i> Year <i>—</i> a.m. <i>—</i> p.m. <i>—</i>	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.) <i>—</i>	20f. CITY, TOWN, OR LOCATION <i>—</i>	COUNTY <i>—</i>	STATE <i>—</i>
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21. I attended the deceased from <i>March 16, 1959</i> to <i>March 28, 1959</i> and last saw her alive on <i>March 28, 1959</i> Death occurred at <i>11:30 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Jack N. Wiley, MD</i>	22b. ADDRESS <i>West Plains Mo</i>	22c. DATE SIGNED <i>3-31-59</i>
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23a. BURIAL, CREMATION, REBURYAL (Specify) <i>B</i>	23b. DATE <i>3-31-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>	23d. LOCATION (City, town, or country) (State) <i>West Plains Mo</i>
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24. FUNERAL DIRECTOR <i>Robertson</i>	ADDRESS <i>West Plains Mo</i>	25. DATE RECD. BY LOCAL REG. <i>4-3-59</i>	26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 21 1958

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 *W. Robertson*

Licensed Embalmer No. *3453*  
P. O. Address *West Plains*

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.