THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014289
STATE FILE NUMBER

FILED APR 20 1959 Registration District No. _____ Primary Registration District No. 4389 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Osage
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Linn, Mo. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Length of stay in Ib: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Osage
c. CITY OR TOWN: Linn, Mo. 0760 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: John Middle: Preston Last: Mc Daniel

4. DATE OF DEATH Month Day Year: April 9, 1959

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] 2 **DIVORCED** [ ]
8. DATE OF BIRTH: Nov. 14-1864
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months 4, Days 25 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant retired
10b. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (City and state or country): Linn Mo 0
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: John Mc Daniel
13b. MOTHER'S MAIDEN NAME: Virginia E. Vaughn
14. NAME OF HUSBAND OR WIFE: deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Ray McDaniel Address: Linn, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis generalized
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4500
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1-1-59, to 4-9-59 and last saw her/him alive on 4-8-59
Death occurred at 4:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Howard W. Baldwin D.O.
22b. ADDRESS: Linn, Mo.
22c. DATE SIGNED: 4/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/10/59
23c. NAME OF CEMETERY OR CREMATORY: Linn Public
23d. LOCATION (City, town, or county) (State): Linn, Mo.

24. FUNERAL DIRECTOR: Clyde Morton Address: Linn, Mo.
25. DATE RECD. BY LOCAL REG.: Apr. 9-59
26. REGISTRAR'S SIGNATURE: Mrs. T. A. Dubroullet

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Vernon W. Morton

Licensed Embalmer No. 4125

P. O. Address Linn 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.