

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029032

FILED VS. SEP 4 1959 149

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 4024

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WOODLAND NURSING HOME 512 WOODLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY PLATTE c. CITY OR TOWN PLATTE CITY, R.F.D. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) CARROLL TOWNSHIP Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b 7 months		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILLIAM Middle M. Last DANIEL			4. DATE OF DEATH Month AUG. Day 18, Year 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-22-1874	9. AGE (last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING		11. BIRTHPLACE (City and state or country) PLATTE COUNTY, MO.	
13a. FATHER'S NAME WILLIAM E. DANIEL		13b. MOTHER'S MAIDEN NAME ALLIE WRIGHT		14. NAME OF HUSBAND OR WIFE ANNA RULE DANIEL	
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. 495-44-4914		17. INFORMANT MRS. W. M. DANIEL,	
				Address PLATTE CITY, MO. ROUTE 3	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 2 days 8 year
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--------------------------------------------------------------------

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
-----------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m.	Month, Day, Year _____			
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 **1-30-59** to **8-18-59** and last saw her/him alive on **8-18-59**
 Death occurred at **6:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank Paul Lawrence, MO		22b. ADDRESS 428 S White ave		22c. DATE SIGNED 8-18-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-20-1959	23c. NAME OF CEMETERY OR CREMATORY MARSHALL CEMETERY	23d. LOCATION (City, town, or county) (State) PLATTE CITY, MO.	

24. FUNERAL DIRECTOR McCOMAS FUNERAL HOME, SMITHVILLE, MO.	25. DATE RECD. BY LOCAL REG. 8-19-59	26. REGISTRAR'S SIGNATURE <i>Ilva Minshall</i>
-----------------------------------------------------------------------------	-------------------------------------------------------	----------------------------------------------------------

DOCUMENT

BY AFFIDAVIT OF Frank Paul Lawrence, Embalmer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.