

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033209

FILED VS OCT 5 1959

STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 65

ENDED

1. PLACE OF DEATH a. COUNTY OSAGE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY MARIES				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LINN		Length of stay in 1b 1 month		c. CITY OR TOWN BELLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linn Manor rest home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CLARA Middle BELLE Last McDANIEL				4. DATE OF DEATH Month Sept. Day 29 Year 1959				
5. SEX female	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 12/15/59	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 24	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (City and state or country) Linn Mo		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME William Laughlin			13b. MOTHER'S MAIDEN NAME Lydia Mahon		14. NAME OF HUSBAND OR WIFE George L. McDaniel			
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. -----		17. INFORMANT Address Mrs Harry Travis Belle 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) Pulmonary Embolism DUE TO (b) Arteriosclerosis, generalized DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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)						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 checked="" 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 <u>8-19-59</u> to <u>9-29-59</u> and last saw her <u>alive</u> on <u>9-29-59</u> Death occurred at <u>7-29-59 4:30 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Anna W. Baldwin D.O.</i>				22b. ADDRESS <i>Linn</i>		22c. DATE SIGNED <i>9/30/59</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 1 1959	23c. NAME OF CEMETERY OR CREMATORY Linn Public Cemetery		23d. LOCATION (City, town, or county) Linn Mo			
24. FUNERAL DIRECTOR Clyde Morton		ADDRESS Linn Mo		25. DATE RECD. BY LOCAL REG. 9/30/59	26. REGISTRAR'S SIGNATURE <i>Mrs. Leland M. Maston</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Vernon M. Norton

Licensed Embalmer No. 4125

P. O. Address Linn M.

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