URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-035357

STATE FILE NUMBER

FILED VS NOV 16 1959

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 516

AMENDED

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Hospital
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY
c. CITY OR TOWN Patterson
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First John Middle Riley Last McDaniel
4. DATE OF DEATH Month Day Year 10-26-59

5. SEX M
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 5-1-73
9. AGE (last birthday) 86
IF UNDER 1 YEAR Months 5 Days 23
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) M.D.
10b. KIND OF BUSINESS OR INDUSTRY M.D.
11. BIRTHPLACE (City and state or country) Pontotoc Miss
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME E. C. McDaniel
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE —

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.
17. INFORMANT Dr. H. B. McDaniel Address Steele Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Respiratory Failure	3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Fractured right rib Cage and	7½ days
DUE TO (c)	Fractured Spine	

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? ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell down flight of stairs

20c. TIME OF INJURY Hour 10 a.m. p.m. Month, Day, Year Oct 23, 1959

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.) Home of Patient
20f. CITY, TOWN, OR LOCATION Patterson, COUNTY STATE Mo.

21. I attended the deceased from Oct 23, 1959, to 10-26-59 and last saw her/him alive on 10-26-59

Death occurred at 11:50 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Eugene T. Hensleigh (Degree or title) MD
22b. ADDRESS Poplar Bluff, Mo
22c. DATE SIGNED 10-31-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Buried
23b. DATE 10-28-59
23c. NAME OF CEMETERY OR CREMATORY Springville
23d. LOCATION (City, town, or county) (State) Pontotoc Miss

24. FUNERAL DIRECTOR Sherman Funeral Home ADDRESS Steele Mo
25. DATE REC'D BY LOCAL REG. 11/4/59
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 r

or by Jim F. McClure, Student Embalmer No. 596

working under my personal supervision.

Student Jim F. McClure
Signature of Student Embalmer

Signed Noel C Dean

Licensed Embalmer No. 3941

P. O. Address Canthurs

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