URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59-040207

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5561

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 26 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Guinotte & Lydia — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 317 Forest — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Saul Middle Leon Last McDaniel

4. DATE OF DEATH Month Day Year 11-16-59

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8/30/33
9. AGE (last birthday) 26 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) KC Mo
12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME Lee McDaniel
13b. MOTHER'S MAIDEN NAME Marie Watkins
14. NAME OF HUSBAND OR WIFE Patricia 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 Patricia McDaniel — Address 317 Forest

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Subdural & Subarachnoid
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hemarrhage
DUE TO (c) Contusion Head
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) Hemarrhage in Pons

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.) One car struck or bridge abutment
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 11-15-59
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.) Street
20f. CITY, TOWN, OR LOCATION Kans City — COUNTY Jackson — STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H Owens Coroner
22b. ADDRESS 1034 Realty Bldg
22c. DATE SIGNED 11-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 11-19-59
23c. NAME OF CEMETERY OR CREMATORY Mt Calvary
23d. LOCATION (City, town, or county) KC Kans (State)

24. FUNERAL DIRECTOR Steve B Lazetina — ADDRESS K.C. Mo.
25. DATE RECD. BY LOCAL REG. 11-18-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT Birth Record 8-3-33, Mo. Div. of Health

BY AFFIDAVIT OF Informant Hugh H. Owens

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 4273

P. O. Address 1 C C M

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