URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 30 1959

59–041103
STATE FILE NUMBER

Registration District No. 248 Primary Registration District No. 5842 Registrar's No. 21

ENDED

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Racine
Length of stay in 1b: 6 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1 mi. so. of Racine
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN: Racine
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1 mi. so. of Racine
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Bertha Middle: May Last: Daniels
4. DATE OF DEATH: Month: Nov. Day: 16, Year: 1959
5. SEX: Fem.
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 23, 1893
9. AGE (last birthday): 66
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: [redacted]
11. BIRTHPLACE (City and state or country): Galena, Kan.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Spiva
13b. MOTHER'S MAIDEN NAME: Blackmore
14. NAME OF HUSBAND OR WIFE: Clem R. Daniels
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.: 497-12-4355A
17. INFORMANT: Clem R. Daniels, Address: rt 2, Neosho 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): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): coronary arteriosclerosis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Congestive heart failure
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.)
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 29 Oct 59, to 16 Nov 59 and last saw her alive on 9 Nov 59
Death occurred at 9:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Paul B Anderson (Degree or title) M.D.
22b. ADDRESS: Neosho, Missouri
22c. DATE SIGNED: 17 Nov 59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/19/59
23c. NAME OF CEMETERY OR CREMATORY: Burkhart-Cemetery
23d. LOCATION (City, town, or county) (State): Racine, Missouri
24. FUNERAL DIRECTOR: W. Biddlecome ADDRESS: Seneca Mo
25. DATE RECD. BY LOCAL REG.: 11-19-1959
26. REGISTRAR'S SIGNATURE: Mrs. Irene Russell

(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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W E Riddlecome

Signature of Student Embalmer

Licensed Embalmer No. 2174

P. O. Address Seneca

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.