

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 45 0 6 2

FILED VS DEC 23 1959 290

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. Registrar's No. 158

ENDED

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo.		Length of stay in 1b 30 min.		c. CITY OR TOWN Waynesville, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waynesville Gen. Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Bellehaven Trailer Co.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Daniel Middle Allen Last O'Daire.				4. DATE OF DEATH Month Dec. Day 11, Year 1959					
5. SEX Male	6. COLOR OR RACE White.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/18/59	9. AGE (last birthday) 2 Months 24 Days		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Ft. Leonard Wood, Mo USA		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME James Allen O'Daire.			13b. MOTHER'S MAIDEN NAME Alma Jean Wilson.			14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. -----		17. INFORMANT Address James Allen O'Daire. Waynesville				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Pneumonia							INTERVAL BETWEEN ONSET AND DEATH -----		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____ DUE TO (c) _____		
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 _____, to _____ and last saw ^{her} / _{him} alive on _____. Death occurred at 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE [Signature]			(Degree or title) County Coroner.			22b. ADDRESS Richland, Missouri		22c. DATE SIGNED 12/11/59	
23a. SERIAL CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/13/59	23c. NAME OF CEMETERY OR CREMATORY Maysville Cemetery		23d. LOCATION (City, town, or county) (State) Maysville, Kentucky.				
24. FUNERAL DIRECTOR [Signature]			ADDRESS Herbes Funeral Home Waynesville Mo.		25. DATE RECD. BY LOCAL REG. 12-13-59		26. REGISTRAR'S SIGNATURE [Signature]		

(Licensed Embalmer's Statement on Reverse Side)

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Gross

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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