

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE
MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 046426

STATE FILE NUMBER

MAILED

FILED VS DEC 01 1959

Primary Registration District No. 500 Registrar's No. 3267

1. PLACE OF DEATH a. COUNTY St Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellisville		Length of stay in 1b 3 da	c. CITY OR TOWN LINN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Sanitarium		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) NONE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Angie Middle McDaniel Last McDaniel			4. DATE OF DEATH Month Dec Day 7 Year 1959		
5. SEX Female	6. COLOR OF RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/1/1870	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days 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 own home	11. BIRTHPLACE (City and state or country) LINN, Mo	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jess Moore		13b. MOTHER'S MAIDEN NAME Parilee Mers		13c. NAME OF HUSBAND OR WIFE Frank 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 SUNSET SANIT. ELLISVILLE Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) anoxia		INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) myocardial infarction	12 days
	DUE TO (c) Coronary Thrombosis	12 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Repeated Small strokes, Crystaline Heart Failure		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	
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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 **12-27-58** to **12-7-59** and last saw her/him alive on **12-5-59**
 Death occurred at **2:50 p.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. Stinson D.O. (Degree or title)	22b. ADDRESS Emeka mo.	22c. DATE SIGNED 12/9/59
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23a. BURIAL CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-9-59	23c. NAME OF CEMETERY OR CREMATORY Public Cemetery	23d. LOCATION (City, town, or county) (State) LINN, Mo
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24. FUNERAL DIRECTOR Clyde Morton, LINN, Mo	25. DATE RECD. BY LOCAL REG. DEC 8 1959	REGISTRAR'S SIGNATURE J. C. Murphy, M.D.
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(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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon W. Most

Licensed Embalmer No. 4129

P. O. Address Linn Co

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.