

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002573

FILED VS FEB 3 1960

Registration District No. 217 Primary Registration District No. 5785 Registrar's No. 9 STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Mississippi				a. STATE Mo.		b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Near Bertrand Mo.			Length of stay in 1b	c. CITY OR TOWN Sikeston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gaty Corner			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 209 No. West St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (last birthday)	
First Malcolm		Middle Roy		Last Daniel		Month Jan. Day 23 Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/10/04	9. AGE (last birthday) 56	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) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Harrison Co. Ky.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Noah Daniel			13b. MOTHER'S MAIDEN NAME Frances Barton			14. NAME OF HUSBAND OR WIFE Cora Daniel	
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 Cora Daniel - Sikeston, Mo		
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) Fractured Skull and Pelvis						5 Min.	
DUPLICATE (b) bones of pelvis severing femoral Artery & Vein							
DUPLICATE (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 checked="" 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.) Daniel's car failed to stop at stop sign on Highway 60 in Bertrand at Gaty Corner. was hit by truck driven Carl Tolbert, of Marion Illinois.					
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 after death as Coroner 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 (Degree or title) Elin McNeble Coroner				22b. ADDRESS Charleston, Missouri		22c. DATE SIGNED 1/23/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/25/1960	23c. NAME OF CEMETERY OR CREMATORY Armor Cemetery		23d. LOCATION (City, town, or county) (State) Bertrand, Missouri			
24. FUNERAL DIRECTOR Albritton Funeral Home Sikeston, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. 1-29-60	26. REGISTRAR'S SIGNATURE Dorothy B. Hattlow		

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 *Edwin McMillan*
Licensed Embalmer No. 4695

P. O. Address Charlotte

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.