

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

E60-014707

STATE FILE NUMBER

FILED VS APR 27 1960

Registration District No. 105 Primary Registration District No. 4177 Registrar's No. 4

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clarkton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Clarkton</u> <u>03502</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u> <u>90</u>		Length of stay in 1b <u>4 years</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>THOMAS JEFFERSON McDANIEL</u>			4. DATE OF DEATH Month Day Year <u>April 11 1960</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 17, 1894</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Walnut Ridge, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Thomas McDaniel</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Grissom</u>	14. NAME OF HUSBAND OR WIFE <u>Bertie McDaniel</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>499-38-0255</u>	17. INFORMANT <u>Bertie McDaniel</u>	Address <u>Clarkton, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>arteriosclerosis</u>		<u>10 yrs.</u>
	DUE TO (c) <u>Hypertension</u> <u>4201</u>		<u>3 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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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
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21. I attended the deceased from 1-1-57 to 4-11-60 and last saw him alive on 4-11-60
Death occurred at 5:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. S. Hopkins, M.D.</u> (Degree or title)	22b. ADDRESS <u>Bidson, Mo.</u>	22c. DATE SIGNED <u>4/12/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 13, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>	23d. LOCATION (City, town, or country) <u>Clarkton Missouri</u>
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24. FUNERAL DIRECTOR <u>Landess Funeral Home, Campbell, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4-18-60</u>	26. REGISTRAR'S SIGNATURE <u>J. J. Schuman</u>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Co. 211677, 460-131

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 Richard V. Beall, Student Embalmer No. 601 working under my personal supervision.

Student Richard V. Beall Signed Christine M. Lawrence
Signature of Student Embalmer

Licensed Embalmer No. 4227
P. O. Address Campbell, Mo

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.