URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 20 1960

-60-018786

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 182

NDED

1. PLACE OF DEATH a. COUNTY: Cole	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo b. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City — Length of stay in 1b: 53yrs	c. CITY OR TOWN: Jefferson City, Mo. — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1002 Monroe Street — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 1002 Monroe St — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: William	Middle: Allen	Last: McDaniel	4. DATE OF DEATH	Month: May	Day: 15	Year: 1960
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 6/11/1900	9. AGE (last birthday): 59	IF UNDER 1 YEAR: Months 11	Days 4	IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk	10b. KIND OF BUSINESS OR INDUSTRY: Highway Dept	11. BIRTHPLACE (City and state or country): Osage County, Mo	12. CITIZEN OF WHAT COUNTRY: U.S.A.				
13a. FATHER'S NAME: Frank McDaniel	13b. MOTHER'S MAIDEN NAME: Lydia Wills	14. NAME OF HUSBAND OR WIFE: Lillian Ewart McDaniel					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.#1	16. SOCIAL SECURITY NO.	17. INFORMANT: Lillian McDaniel, Address: Jefferson City, 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): Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): c̄ Ascites

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Laryngeal Carcinoma?

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 Apr 4 '60 to May 15 and last saw her/him alive on May 15 '60

Death occurred at May 15, 1960 8 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. P. Dorris M.D. — 22b. ADDRESS: Jefferson City, Mo — 22c. DATE SIGNED: May 17, 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5/18/60	23c. NAME OF CEMETERY OR CREMATORY: National Cemetery	23d. LOCATION (City, town, or county) (State): Jefferson City, Mo
24. FUNERAL DIRECTOR — ADDRESS: Thorpe J Gordon, Jefferson City, Mo	25. DATE RECD. BY LOCAL REG.: 17 May 1960	26. REGISTRAR'S SIGNATURE: R. P. Dorris, MD - N Richter Dep.	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS MAY 23 1966

VS FEB 1961

MAY 31 1980

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 _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 1284

P. O. Address _____

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