

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED VS SEP 12 1960

=60-029779

Registration District No. 43 Primary Registration District No. 3007 State File Number 493 Registrar's No. 493

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CARTER</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>POPLAR BLUFF</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>VAN BUREN MO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>			Length of stay in lb <u>6 Hrs</u>		d. STREET ADDRESS (If outside, give location) <u>VAN BUREN</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>HAROLD</u> Middle <u>GENE</u> Last <u>McDANIEL</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>7</u> Year <u>1960</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MARCH 7, 1960</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>5</u> Days <u>16</u> Hours <u></u> Min. <u></u>	
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) <u>Poplar Bluff, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>JAMES D. McDANIEL</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET HESTER</u>			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 <u>J.D. McDANIEL</u> Address <u>VAN BUREN MO.</u>				
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>Respiratory Paralysis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Encephalitis type undet.</u> DUE TO (c) <u>343X</u>							INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>		
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 <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u>									
20d. INJURY OCCURRED WHILE AT <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 <u>Aug 22, 1960</u> to <u>Aug 23, 1960</u> and last saw her/him alive on <u>Aug 23, 1960</u> Death occurred at <u>11:50 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Arthur C. Parker, Jr. M.D.</u>				22b. ADDRESS <u>Poplar Bluff, Mo</u>			22c. DATE SIGNED <u>8/26/60</u>		
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)		23b. DATE <u>8-25-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion CEMETERY</u>		23d. LOCATION (City, town, or county) <u>STEELE MO</u>		STATE	
24. FUNERAL DIRECTOR <u>M Spadden</u>			ADDRESS <u>VAN BUREN MO.</u>		25. DATE RECD. BY LOCAL REG. <u>7-12-60</u>		26. REGISTRAR'S SIGNATURE <u>Huntard W. M.D.</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Donald B. Sloan*, Student Embalmer No. *606*..... working under my personal supervision.

Student *Donald B. Sloan* Signed *Allen C. McJannet*
Signature of Student Embalmer

Licensed Embalmer No. *4543*.....

P. O. Address *Van Buren, 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.