DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 1 1960

-60-038858
STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. ____ Registrar's No. 153

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Smith T.S.
Length of stay in 1b: 6 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rt. T
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: St. Louis 14
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3722 Brown Rd.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: OVAL Middle: Last: DANIEL
4. DATE OF DEATH: Month: Oct. Day: 22, Year: 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-16-05
9. AGE (last birthday): 54
IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HR: Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): car salesman
10b. KIND OF BUSINESS OR INDUSTRY: car salesman
11. BIRTHPLACE (City and state or country): Wright County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Thomas Daniel
13b. MOTHER'S MAIDEN NAME: Essie Claxton
14. NAME OF HUSBAND OR WIFE: ELVERA DANIEL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 500-01-9389
17. INFORMANT: Thomas Daniel, Address: Lebanon, 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): Gunshot wound in heart — INTERVAL BETWEEN ONSET AND DEATH: imm.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ____
DUE TO (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. ☐ 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.) Shot self while target shooting
20c. TIME OF INJURY: 9:00 Hour a.m. Month, Day, Year: 10-22-60
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.): County Road.
20f. CITY, TOWN, OR LOCATION: Rt T COUNTY: Laclede STATE: Mo.

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at 9:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L.R. Palmer (Degree or title): Coroner
22b. ADDRESS: Lebanon, Mo.
22c. DATE SIGNED: 10-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 10-25-60
23c. NAME OF CEMETERY OR CREMATORY: McBride Cemetery
23d. LOCATION (City, town, or county) (State): Laclede Co. Missouri

24. FUNERAL DIRECTOR: T.J. Shade ADDRESS: Lebanon, Mo.
25. DATE RECD. BY LOCAL REG.: 10-25-1960
26. REGISTRAR'S SIGNATURE: Nella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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