MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 9 1961

AMENDED

Registration District No. 133 Primary Registration District No. _____ Registrar's No. 1

-61-001119
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cypress Township
Length of stay in 1b 22 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7½ miles South of Bethany, Mo.
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Harrison
c. CITY OR TOWN Bethany
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 7¾ miles South of Bethany
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: William Middle: Elbert Last: Daniel
4. DATE OF DEATH Month: January Day: 3 Year: 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Feb 20, 1900
9. AGE (last birthday) 60
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) Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) New Hampton, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William K. Daniel
13b. MOTHER'S MAIDEN NAME Viola C. Daily
14. NAME OF HUSBAND OR WIFE Viola K. Daniel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO.
17. INFORMANT Viola K. Daniel Address RFD 4 Bethany, 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) Coronary occlusion
INTERVAL BETWEEN ONSET AND DEATH 2 or 3 mins
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) overexertion while hunting
DUE TO (c) Had a heart attack 3-9-59
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.)
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 _____, to _____ and last saw her/him alive on _____
Death occurred at about 12:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ernest L. Ward (Degree or title) Coroner
22b. ADDRESS Bethany, Missouri
22c. DATE SIGNED 1-4-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-6-1961
23c. NAME OF CEMETERY OR CREMATORY White Oak Cemetery
23d. LOCATION (City, town, or county) (State) New Hampton, Missouri
24. FUNERAL DIRECTOR W. George Noble ADDRESS Bethany, Mo
25. DATE RECD. BY LOCAL REG. Jan-4-1961
26. REGISTRAR'S SIGNATURE Ella Maxey
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	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 me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William George Noble

Licensed Embalmer No. 4987

P. O. Address Bethany, 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.