

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002215

FILED VS JAN 26 1961

Registration District No. 207

Primary Registration District No.

Registrar's No. 2

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Maries									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson Township		Length of stay in 1b 4-yr		c. CITY OR TOWN B.F.D. Belle-		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home 3-M Belle-Mo			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First John Middle Adam Last McDaniel				4. DATE OF DEATH Jan 11-1961									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug 2-1887		9. AGE (last birthday) 74		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) laborer				10b. KIND OF BUSINESS OR INDUSTRY Public Works		11. BIRTHPLACE (City and state or country) Vienna - Mo		12. CITIZEN OF WHAT COUNTRY U.S.A					
13. FATHER'S NAME Jogan McDaniel				13b. MOTHER'S MAIDEN NAME Dave Shook				14. NAME OF HUSBAND OR WIFE Minnie (Hicks) McDaniel					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.		17. INFORMANT Address Minnie McDaniel - Belle-Mo							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) Cardiac Arrest										4 days			
DUE TO (b) Medullary Failure										1 yr			
DUE TO (c) Generalized Carcinomatosis													
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)									
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year													
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					
21. I attended the deceased from 3-15-57 to 1-11-61 and last saw him alive on 1-10-61 Death occurred at 8:30 7 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Wm Ledbetter						22b. ADDRESS Bland, Mo		22c. DATE SIGNED 1/13/61					
23. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Jan 14-61		23c. NAME OF CEMETERY OR CREMATORY Liberty		23d. LOCATION (City, town, or county) (State) Belle-Missouri							
24. FUNERAL DIRECTOR Chas Sasmann ADDRESS Service Belle-Mo				25. DATE RECD. BY LOCAL REG. Jan 14-1961		26. REGISTRAR'S SIGNATURE Moylle Hutchison							

(Licensed Embalmers' Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
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

Cherte Lassman

Licensed Embalmer No.

4178

P. O. Address

Bland-h

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.