

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008201

STATE FILE NUMBER

AMENDED FILED APR 5 1961 Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem		Length of stay in 1b 2 wks		c. CITY OR TOWN Jadwin		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 residence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS XX		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Paul D. McDaniels				4. DATE OF DEATH Month Day Year March 28 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 7-29-10		9. AGE (last birthday) 50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labourer		10b. KIND OF BUSINESS OR INDUSTRY carpentry work		11. BIRTHPLACE (City and state or country) Pike Co Ky		12. CITIZEN OF WHAT COUNTRY U S A			
13a. FATHER'S NAME John H McDaniels			13b. MOTHER'S MAIDEN NAME Artie Collins			14. NAME OF HUSBAND OR WIFE Avis Hall			
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. X		17. INFORMANT Artie McDaniels Address Jadwin Mo					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Aortic Stenosis & Insufficiency DUE TO (c) Rheumatic Heart Disease 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								INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE 4 yrs.	
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 Oct 19 60, to 3/28/61 and last saw him alive on 3/28/61 Death occurred at 1:45 P on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) [Signature] ms				22b. ADDRESS Salem Mo		22c. DATE SIGNED 4/1/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5-1-61		23c. NAME OF CEMETERY OR CREMATORY Kitchen cem		23d. LOCATION (City, town, or county) Dent Co Missouri			
24. FUNERAL DIRECTOR Spencer Funeral Home Inc ADDRESS				25. DATE RECD. BY LOCAL REG. 4/1/61		26. REGISTRAR'S SIGNATURE M. M. Hart, M.D. [Signature]			

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INSTEAD OF DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1961 APR 18 1961

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 _____
Signature of Student Embalmer

Signed Carl H. Johnson

Licensed Embalmer No. 2370

P. O. Address Palmdale

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.