

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016899

MENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3016 Registrar's No. 166

AMENDED

FILED JUN 6 1961

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MARIES</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u>		c. CITY OR TOWN <u>Vienna</u>	
Length of stay in 1b <u>2 days 11 hrs.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Chas. E. Still</u>		d. STREET ADDRESS (If outside, give location)	
Hospital or Institution		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Homer</u> Last <u>McDaniel</u>			4. DATE OF DEATH Month <u>May</u> Day <u>29</u> Year <u>1961</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>11-9-07</u>	9. AGE (last birthday) <u>54</u>	10. UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant & Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MERCHANT</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>James A. McDaniel</u>		13b. MOTHER'S MAIDEN NAME <u>Anna COPELAND</u>		14. NAME OF HUSBAND OR WIFE <u> </u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			17. INFORMANT <u>Mr Owen Redet - Joplin, Mo</u>		

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)	<u>Acute myocardial failure</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Acute myocardial infarction</u>	
DUE TO (b)	<u>Chronic atherosclerotic heart disease</u>	
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. <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 <u> </u> a.m. <u> </u> p.m.	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	STATE

21. I attended the deceased from May 23, 1961 to May 29, 1961 and last saw ^{him} alive on May 29, 1961
Death occurred at 1:33 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>K. Dale Atterbury, D.O.</u> (Degree or title)	22b. ADDRESS <u>Jefferson City, Mo</u>	22c. DATE SIGNED <u>5-27-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>5/30/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Vienna Cemetery</u>
23d. LOCATION (City, town, or county) <u>Vienna</u>		23e. STATE <u>Mo</u>

24. BURIAL DIRECTOR <u>McClintock</u>	ADDRESS <u>Vienna, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>29 May 1961</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Norris, M.D. - Richter, D.O.</u>
--	------------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 JUN 28 1961
1961 JUN 28 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 me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *H. O. P. Birmingham*

Licensed Embalmer No. 366

P. O. Address Chenna

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.