SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021750
STATE FILE NUMBER

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 121

FILED JUL 12 1961

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon — Length of stay in 1b: 15yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 435 Hayes — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Laclede
c. CITY OR TOWN Lebanon — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 435 Hayes — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Dan Middle: Last: Daniel
4. DATE OF DEATH Month: July Day: 6 Year: 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1-4-76
9. AGE (last birthday): 84 — 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): farmer
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jonah Daniel
13b. MOTHER'S MAIDEN NAME: Ellen Rodgers
14. NAME OF HUSBAND OR WIFE: deceased
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.: none
17. INFORMANT: Tom Daniel, Address: 435 Hayes, 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) chronic nephritis — INTERVAL BETWEEN ONSET AND DEATH: yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) acute + chronic urinary retention — 3 mos.
DUE TO (c) Hypertrophy of prostate gland — years
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 April 1961 to July 6-1961 and last saw him alive on 7-6-1961
Death occurred at 7:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B B Hurst M.D.
22b. ADDRESS Lebanon, Mo.
22c. DATE SIGNED 7-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 7-9-61
23c. NAME OF CEMETERY OR CREMATORY: McBride Cemetery
23d. LOCATION (City, town, or county) (State): Laclede Co., Missouri

24. FUNERAL DIRECTOR: J. J. Shadel ADDRESS: Lebanon, Mo.
25. DATE RECD. BY LOCAL REG.: 7-7-1961
26. REGISTRAR'S SIGNATURE: Ella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — BY AFFIDAVIT OF — ITEM NO.

JUL 12 1967

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_____ Signed Bill M. Abbott

Signature of Student Embalmer

Licensed Embalmer No. 5115

P. O. Address Springfield, M

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.