

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027076

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6376**

AMENDED

**JUL 25 1961**

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| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>              |  | c. CITY OR TOWN <b>St. Louis</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Jewish Hospital</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>1119a Tower Grove Ave.</b>   |  |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>MARY</b> Middle <b>JANE</b> Last <b>McDANIEL</b> | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>9</b> Year <b>1961</b> |
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|                      |                               |   |                                  |                                  |                                |                              |
|----------------------|-------------------------------|---|----------------------------------|----------------------------------|--------------------------------|------------------------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>1-1-1889</b> | 9. AGE (last birthday) <b>72</b> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HR<br>Hours Min. |
|----------------------|-------------------------------|---|----------------------------------|----------------------------------|--------------------------------|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b> | 11. BIRTHPLACE (City and state or country)<br><b>Hillsboro, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |
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| 13a. FATHER'S NAME<br><b>Nepolian Williams</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Anna Russell</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Late Otto McDaniel</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT<br><b>Mrs. R. L. Coff. 4521 Wichita St.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 days</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                                 |  | <b>4201</b>                                       |

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| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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.) |
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| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____ |
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| 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<br>COUNTY STATE |
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| 21. I attended the deceased from <b>June 19, 1961</b> to <b>July 9, 1961</b> and last saw her alive on <b>July 9, 1961</b><br>Death occurred at <b>11:15 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title)<br><b>Haney Walker, Jr. M.D.</b> | 22b. ADDRESS<br><b>462 n. Taylor Ave. St. Louis 8, Missouri</b> | 22c. DATE SIGNED<br><b>7/10/61</b> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal (Mtr)</b> | 23b. DATE<br><b>July 12, 1961</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Hillsboro, Mo.</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Hillsboro, Mo.</b> |
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| 24. FUNERAL DIRECTOR ADDRESS<br><b>Kriegshauser 4228 S. Kingshighway Blvd.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>JUL 10 1961</b> | 26. REGISTRAR'S SIGNATURE<br><b>Karl Smith, M.D.</b> |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

**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 B White

Licensed Embalmer No. 4291

P. O. Address \_\_\_\_\_

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.