MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-028557
STATE FILE NUMBER

AMENDED

Registration District No. 44 Primary Registration District No. 5774 Registrar's No. 16

FILED SEP 12 1961

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Adair — Length of stay in Ib: 10yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Dodds Camp — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First: Ray Middle: Clayton Last: Daniels
4. DATE OF DEATH: Month Sept. Day 2, Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jan. 22-09
9. AGE (last birthday): 52 — IF UNDER 1 YEAR: Months 8, Days 10 — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter's Work
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (City and state or country): Barmington Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Joseph C. Daniels
13b. MOTHER'S MAIDEN NAME: Lena Simmons
14. NAME OF HUSBAND OR WIFE: Rebecca Daniels
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
17. INFORMANT: Mrs Rebecca Daniels, Climax Springs — Address

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) Inanition + Debilitation — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinomatosis — 2 yrs
DUE TO (c) Carcinoma of Larynx — 2 yrs
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 8/5/59 to 9/2/61 and last saw her/him alive on
Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kenneth E. Mitchem D.O.
22b. ADDRESS: Camdenton, Mo.
22c. DATE SIGNED: 9/5/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 5-1961
23c. NAME OF CEMETERY OR CREMATORY: Climax Springs Cemetery
23d. LOCATION (City, town, or county) (State): Climax Springs, Mo.

24. FUNERAL DIRECTOR: Robert H. Reed, Camdenton Mo. — ADDRESS
25. DATE RECD. BY LOCAL REG.: Sept. 6-1961
26. REGISTRAR'S SIGNATURE: Alda Eldred

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

MAY 20 1966

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 Robert H Reed

Signature of Student Embalmer

Licensed Embalmer No. 3745

P. O. Address Camden Ton

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.