

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=62-002363**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Revised in 1957  
 FILED JAN 29 1962  
 Primary Registration District No. 3031 Registrar's No. 12

AMENDED

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>JEFFERSON</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>DE SOTO</u>		Length of stay in 1b <u>Life</u>		c. CITY OR TOWN <u>DE SOTO</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>711 E. KINGSTON</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>711 E KINGSTON</u>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>FRANK</u>		Middle		Last <u>DANIEL</u>		Month <u>JAN</u> Day <u>24</u> Year <u>1962</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>Negro</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>5/2/84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PORTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PORTERING</u>		11. BIRTHPLACE (City and state or country) <u>FRANKLIN Co, MO</u>		9. AGE (last birthday) <u>77</u>	
13a. FATHER'S NAME <u>FRANK DANIEL</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIET DANIEL</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>				16. SOCIAL SECURITY NO.		17. INFORMANT <u>GLENDELL LOGAN</u> Address <u>De SOTO, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH <u>years</u>			
IMMEDIATE CAUSE (a) <u>Gen. arterio-sclerosis</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic nephrosclerosis</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.) <u>no.</u>			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <u>May 26, 1961</u> to <u>Jan 24, 1962</u> and last saw him alive on <u>Jan 23, 1962</u>							
Death occurred at <u>3<sup>rd</sup> A</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Marv. Hoffmeyer M.D.</u>				22b. ADDRESS <u>De Soto, MO</u>		22c. DATE SIGNED <u>Jan 26, 1962</u>	
23a. BURIAL, CREMATION, RE-OVAL (Specify)		23b. DATE <u>1/28/62</u>		23c. NAME OF CEMETERY OR-CREMATORY <u>CITY</u>		23d. LOCATION (City, town, or county) (State) <u>De Soto MO</u>	
24. FUNERAL DIRECTOR <u>MAHN Funeral Home De Soto, MO</u> ADDRESS <u>1-26-1962</u>				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE <u>Marie Harris</u>	

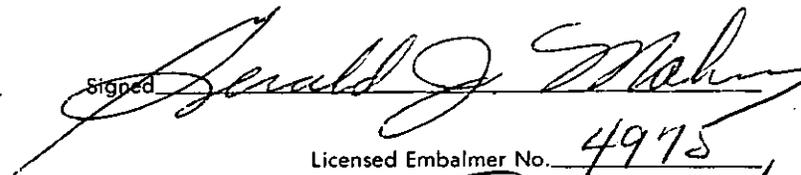
JAN 30 1962

**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



Licensed Embalmer No. 4975

P. O. Address De Soto, Mo

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.