MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-047516
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0530
2 0530 /
3
4 1
5 2
6
7 0
8 2
9 4201
10
11
12 90-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 170 Primary Registration District No. — Registrar's No. 222

FILED JAN 4 1963

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland Rt 2 — Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First Pearl — Middle Jane — Last McDaniel

4. DATE OF DEATH: Month Dec — Day 19 — Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-27-1893
9. AGE (last birthday): 69 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): Laclede County Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Thomas J Wilson
13b. MOTHER'S MAIDEN NAME: Pricilla Brown
14. NAME OF HUSBAND OR WIFE: Oscar L McDaniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Ruth Brittian Rt 2 Richland Mo — 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Decompensated Heart.
DUE TO (c) Arteriosclerosis

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 6-20-61 to 12-16-62 and last saw her/him alive on 12-16-62
Death occurred at 4 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R.O. DeWitt (Degree or title) DO
22b. ADDRESS Waynesville, Missouri
22c. DATE SIGNED 12-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-22-62
23c. NAME OF CEMETERY OR CREMATORY Hazelgreen Cemetery
23d. LOCATION (City, town, or county) (State) Hazelgreen Laclede Mo

24. FUNERAL DIRECTOR Moss-Williams Funeral Home — ADDRESS Richland Mo
25. DATE RECD. BY LOCAL REG. 12-22-1962
26. REGISTRAR'S SIGNATURE Nella L. Hay

BY AFFIDAVIT OF — DOCUMENT

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 12-22-1962 W.L.W.

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 Clarence E Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.