

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-019076

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 343

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p><b>FILED MAY 20 1963</b></p>		<p>1. PLACE OF DEATH a. COUNTY <u>Boone</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u></p>		<p>Length of stay in 1b <u>16 days</u></p>		<p>c. CITY OR TOWN <u>Eldon</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ummc</u></p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) <u>410 W Newton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Virginia Reichel McDaniel</u></p>			<p>4. DATE OF DEATH Month Day Year <u>May 12 1963</u></p>		
<p>5. SEX <u>Female</u></p>		<p>6. COLOR OR RACE <u>white</u></p>		<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	
<p>8. DATE OF BIRTH <u>2-12-15</u></p>		<p>9. AGE (last birthday) <u>48</u></p>		<p>IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Eldon, Missouri</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>		<p>13a. FATHER'S NAME <u>Reichel</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Martha Fletcher</u></p>	
<p>14. NAME OF HUSBAND OR WIFE <u>Harold McDaniel</u></p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO. [Redacted]</p>	
<p>17. INFORMANT <u>Ummc Hosp. Record, Columbia, Mo</u> Address</p>		<p>18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CONGESTIVE HEART FAILURE, SEVERE</u> DUE TO (b) <u>TRICUSPID INSUFFICIENCY AND MITRAL STENOSIS</u> DUE TO (c) <u>RHEUMATIC HEART DISEASE</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>			
<p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>			
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY STATE</p>	
<p>21: I attended the deceased from <u>April 27, 1963</u> to <u>May 12, 1963</u> and last saw her <sup>him</sup> alive on <u>MAY 11, 1963</u> Death occurred at <u>8:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE <u>Robert H. Moellerhoff M.D.</u></p>		<p>22b. ADDRESS <u>U. of Mo. Med Center Columbia</u></p>		<p>22c. DATE SIGNED <u>May 13, 1963</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>5-15-63</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Eldon Cemetery</u></p>	
<p>23d. LOCATION (City, town, or county) <u>Eldon, Missouri</u></p>		<p>24. FUNERAL DIRECTOR <u>Phillips Funeral Home</u> ADDRESS <u>Eldon, Mo</u></p>			
<p>25. DATE RECD. BY LOCAL REG. <u>May 13, 1963</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u></p>			

10-10-60

MAY 28 1963

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**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 Dan St. Phelan

Licensed Embalmer No. 5108

P. O. Address Eldon

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.