

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26011**

FILED JUL 17 1944

Registration District No. **374**

Primary Registration District No. **6275**

Registrar's No. _____

1. PLACE OF DEATH
(a) County North
(b) City or town Atterdale, Mo. (Smith)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County North
(c) City or town Atterdale, Mo. 11.?
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Helen Sarah Daniels
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 31
year 1944 hour 6 minute A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M **5. Color or race** W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife O. W. Daniels
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased April 27 (Month) (Day) 1896 (Year)

Immediate cause of death Subarachnoid hemorrhage, following explosion of benzene can, causing benzene in petrol due to stove with some fire in fire box.
Other conditions None was destroyed by fire in a very short time.

8. AGE: Years 48 Months 5 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) _____ (State or foreign country) _____
10. Usual occupation _____
11. Occupation for business Wool
12. Nature of business Wool display
13. Name of employer Mo. (City, town, or county) _____ (State or foreign country) _____
14. Maiden name Ann Ackley
15. Birthplace Mo. (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant O. W. Daniels
(b) Address Atterdale, Mo.
17. (a) Burial (b) Date thereof 6-1-44
(Burial, cremation, or removal) _____ (Month) (Day) (Year) _____
(c) Place: burial or cremation Hink Cemetery
18. (a) Signature of funeral director Arch C. Dangle
(b) Address Front City, Mo.
19. (a) June 5-1944 (b) Archie Scadden
(If the received local registrar) _____ (Registrar's signature)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 5-31-44
(c) Where did injury occur? Atterdale, North, Mo.
(City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None
(Specify type of place) _____
While at work? _____ (a) Means of injury Coroner
23. Signature Arch C. Dangle (M. D. or other) _____
Address Front City, Mo. Date signed 6-1-44

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

MOTHER FATHER
Common to both

JUL 25 1944

OCT 10 1944

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Leamington City, Ont.

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 this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

On this 30 day of Sept, 1944, before me appears Arch C. Dangle, who, upon oath, states that the original record of ~~birth~~ death for Helen Sarah Daniels ^{born} ~~born~~ ^{died} ~~born~~, 19....., in the State of Missouri, and which was filed at mo on June 5, 1944 should be corrected as follows:

- Item No. 7 should read April 27, 1896
Instead of April 27, 1893
- Item No. 8 should read 48 yrs, 1 mo. 4 da.
Instead of 51 yrs. 1 mo. 4 da.
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of
- Item No. should read
- Instead of

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Arch C. Dangle none Relationship.
Grant city, Mo. Present Address.

Subscribed and sworn to before me this 2nd day of October, 1944
My Commission expires December 31, 1946
Thomas Kibbe - Notary Public.
Probate Judge, Worth County, Missouri

OCT 10 1944

OCT 9 1944

26011