

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38608**  
Registrar's No. **230**

FILED DEC 5 1944  
Registration District No. **274**

Primary Registration District No. **3056**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
313 E. Burkhardt  
(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

3. (a) PRINT FULL NAME Clarence Daniel

3. (b) If veteran, name war

3. (c) Social Security No. 702-05-6954

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jewell Daniel

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 24<sup>th</sup> 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

52	2	18	hr. _____ min.
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9. Birthplace Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Section man

11. Industry or business Wabash R R

MOTHER FATHER

12. Name John Daniel

13. Birthplace Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Yokum

15. Birthplace Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jewell Daniel

(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Clark, Mo

18. (a) Signature of funeral director Mahen and Son

(b) Address Moberly Mo

19. (a) 11-14-44 (Date received local registrar) (b) Diana Havel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly  
(If outside city or town limits, write "RURAL")

(d) Street No. 313 E. Burkhardt  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12<sup>th</sup>  
year 1944 hour 2 minute 30 a. m.

21. I hereby certify that I attended the deceased from sudden death  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Sudden death

Due to ac alcoholism contributing

Due to No doctor corner care

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury Corner

23. Signature W. Gaybette (M.D. or other) 3  
Address Moberly Date signed 11-12-44

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

1036

(Licensed Embalmer's Statement on Reverse Side)

DEC 6 1944

RECEIVED  
SEP 4 1945  
District Health Officer No. 10  
District File Number 12-44-1727  
Date Filed DEC 4 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 Frank D. Kutt  
Licensed Embalmer No. 3021  
P. O. Address Proberly, 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 this body is not embalmed, fact should be so stated above.