S. No. 300
. 10.48

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11658

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4059 Registrar's No. 164

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neelyville
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~XXXXXXXXXX~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neelyville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ellar
b. (Middle):
c. (Last): Daens

4. DATE OF DEATH (Month) (Day) (Year): May, 1, 1949

5. SEX: female 3
6. COLOR OR RACE: colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 5, 1873
9. AGE (In years last birthday): 76 — If under 1 year: Months 1, Days 26 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house keeper
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Clay Co. Ark
12. CITIZEN OF WHAT COUNTRY?: United S.

13a. FATHER'S NAME: Willis Shaffer
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Bennie Daens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Glora Daens — ADDRESS: Neelyville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): myocardial changes
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): hypertensive
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: —

INTERVAL BETWEEN ONSET AND DEATH: 444X

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Neelyville Butler Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ✓ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/25, 1949, *to* May 1, 1949, *that I last saw the deceased alive on* 4/25, 1949, *and that death occurred at* 5 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H Ewelite MCO
23b. ADDRESS: Naylor Mo
23c. DATE SIGNED: 5/4 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 5/49
24c. NAME OF CEMETERY OR CREMATORY: Neelyville
24d. LOCATION (City, town, or county) (State): Neelyville Mo.

DATE REC'D BY LOCAL REG.: May 4, 1949
REGISTRAR'S SIGNATURE: Wm H Johnson 428 0
25. FUNERAL DIRECTOR'S SIGNATURE: Bryan McCord — ADDRESS: Naylor, Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 REC'D

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

549- 89

5-9-44

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 .....
Student Embalmer

Signed Lyman McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.