

FILED JUN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18734

WRITE PLAINLY—IN INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 215

| | | | |
|---|------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY BUTLER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WAYNE | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PIEDMONT | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION DOCTORS HOSPT. | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED a. (First) MINNIE MAY | | b. (Middle) DANIELS | |
| c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) MARCH 19, 1949 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH JUNE 1, 1881 |
| 9. AGE (In years last birthday) 67 | | IF UNDER 1 YEAR: Months 9 Days 18 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK | | 10b. KIND OF BUSINESS OR INDUSTRY HOME | 11. BIRTHPLACE (State or foreign country) CARTER COUNTY, MO. |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME SAMUEL P. HAMPTON | |
| 13b. MOTHER'S MAIDEN NAME ELIZABETH ABRAMS | | 14. NAME OF HUSBAND OR WIFE JOHN WILLIAM DANIELS | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME John William DANIELS | | ADDRESS PIEDMONT MO | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial failure DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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) 444X | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | 22. I hereby certify that I attended the deceased from March 4, 1949, to Mar. 19, 1949, that I last saw the deceased alive on Mar 19, 1949, and that death occurred at 9:30 P.M., from the causes and on the date stated above. | |
| 23a. SIGNATURE J. W. Danforth (Degree or title) | | 23b. ADDRESS Poplar Bluff, MO | |
| 23c. DATE SIGNED 4/1/49 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | |
| 24b. DATE MARCH 24 1949 | | 24c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY | |
| 24d. LOCATION (City, town, or county) (State) PIEDMONT MO. | | 24e. DATE REC'D BY LOCAL REG. June 14, 1949 | |
| 24f. REGISTRAR'S SIGNATURE Wm. H. Johnson | | 24g. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman A. Fish Piedmont, MO. | |

JUN 20 REC'D

BUTLER COUNTY HEALTH CENTER

PO BOX 1000, BUTLER, PA 15601

649-142

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Signed *Martin E. Bowler*

Signed _____
Student Embalmer

Licensed Embalmer No. *4426*

P. O. Address *Bedmont, Pa*

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.