

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38093

State File No.

FILED DEC 9 1949

 BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>NEOSHO</u> c. LENGTH OF STAY (In this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NEOSHO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALE MEMORIAL Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>510 So. HAMILTON ST</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PERRY</u> b. (Middle) <u>EARL</u> c. (Last) <u>DANIELS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 30 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Apr 10 1887</u>
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRIVER</u>	11. BIRTHPLACE (State or foreign country) <u>WHEATON MISSOURI</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>WILLIAM DANIELS</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA SANTEE</u>	14. NAME OF HUSBAND OR WIFE <u>MOLLIE DANIELS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MOLLIE DANIELS, NEOSHO, MO.</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions; if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis.</u> DUE TO (c) ... II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <u>Nov 24, 1949</u> , to <u>Nov 30, 1949</u> , that I last saw the deceased alive on <u>Nov 30, 1949</u> , and that death occurred at <u>1:15 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harold C. Kenton, D.O.</u>		23b. ADDRESS <u>Neosho Mo.</u>	23c. DATE SIGNED <u>Dec 3 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-2-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rocky Comfort</u>	24d. LOCATION (City, town, or county) (State) <u>Rocky Comfort MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>Dec. 3, 1949</u>	REGISTRAR'S SIGNATURE <u>Melissa C. Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Corley Thompson Neosho, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. NEWTON Co. HEALTH DEPT.
District File Number 1249-224
Date Filed DEC 8 1949

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 _____

R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Newark, 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.