

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32585

104
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>277</u>		
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>4 1/2</u> Years		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		0104		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>502 Rollins St.</u>				d. STREET ADDRESS (If rural, give location) <u>502 Rollins St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>WORTH</u> c. (Last) <u>DANIEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1950</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>Dec. 1, 1870</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired University of</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri employee</u>		11. BIRTHPLACE (State or foreign country) <u>Campbell County, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Wellington V. Daniel</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Gasney</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Phillips Daniel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. A.W. Daniel, Columbia, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u> years		
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u> DUE TO (c) _____					years		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	_____					592X		
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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) _____		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>Aug 1, 1950</u> , to <u>Nov 4, 1950</u> , that I last saw the deceased alive on <u>Oct 30, 1950</u> , and that death occurred at <u>5:20</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>J.C. Deeg, M.D.</u>				23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>11-4-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 6, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 4 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		31		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. <u>Parker Funeral Service, Columbia, Mo.</u>		

RECEIVED 11-6-57

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 11-6-57

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

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working under my personal supervision.

Student Embalmer No.

Signed *M. S. Whitely*

Signed

Student Embalmer

Licensed Embalmer No. *3893*

P. O. Address *Columbia 122*

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.