

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7557**
Registrar's No. **345**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 2 weeks		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location) 1608 Francis St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) F.	c. (Last) Daniels	4. DATE OF DEATH (Month) (Day) (Year)
				March 25 1951

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 18, 1879	9. AGE (In years) (last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. merchant	10b. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (State or foreign country) Clinton County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME Charles T. Daniels	13b. MOTHER'S MAIDEN NAME Mary J. Vaughn	14. NAME OF HUSBAND OR WIFE Bessie Daniels
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bessie Daniels, 1608 Francis, Mo.	ADDRESS St. Joseph, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 13 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute Cor Pulmonale following fracture of left femur.		?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Heart Disease DUE TO (c) Hypertension Heart Disease		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus (Mild)		1 yr 20'	21'

19a. DATE OF OPERATION 3-14-51	19b. MAJOR FINDINGS OF OPERATION Intra capsular fracture of neck of left femur.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) SLIPPED	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Joseph Buchanan Missouri	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 12 1951 6:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell after getting out of a taxi cab.

22. I hereby certify that I attended the deceased from **March 19**, 1951, to **March 25**, 1951, that I last saw the deceased alive on **March 23**, 1951, and that death occurred at **8:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE William H. Sneed M.D. (Degree or title)	23b. ADDRESS 414 Hickman Bldg. St. Joseph, Mo.	23c. DATE SIGNED March 26 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/27/51	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
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DATE REC'D BY LOCAL REG. April 2, 1951	REGISTRAR'S SIGNATURE Carl C. Cash	446	25. FUNERAL DIRECTOR'S SIGNATURE Theaton Bawman	ADDRESS Funeral Home St. Joseph Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 17 1957

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.

Signed Eugene Wood

Signed _____
Student Embalmer

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Joseph, 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.