

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13713

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 132

940

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Francois Twp R-2 Farmington		c. LENGTH OF STAY (In this place) 16 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION RR-2 Farmington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R-2 Farmington	
		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) Joel	a. (First)	b. (Middle) W	c. (Last) McDaniel	4. DATE OF DEATH (Month) (Day) (Year) April 9, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-25-1881	9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 hrs: Day) (Hours) (Min.) 70 0 14
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) St. Francois County, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Phillip McDaniel	13b. MOTHER'S MAIDEN NAME Sarah Burgess	14. NAME OF HUSBAND OR WIFE Pearl McDaniel
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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 AND ADDRESS Mrs. Pearl McDaniel, Farmington, R2
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4200
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-9, 1951, to 4-9, 1951, that I last saw the deceased alive on 4-9, 1951, and that death occurred at 8A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. H. Huppelberg MD	23b. ADDRESS Flour River MO	23c. DATE SIGNED 4-11-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-11-51	24c. NAME OF CEMETERY OR CREMATORY Parkview	24d. LOCATION (City, town, or county) (State) St. Francois County, Mo
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DATE REC'D BY LOCAL REG. Apr. 11, 1951	REGISTRAR'S SIGNATURE Eather Rude	FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Paul J. Davis & Son, Desloge Mo
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File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 16 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Delaware Ave

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.