

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43921**

BIRTH NO. _____ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **82**

1. PLACE OF DEATH a. COUNTY Banny MO 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Lawnence	
b. CITY (If outside corporate limits, write RURAL and give township) Monett, MO		c. CITY (If outside corporate limits, write RURAL and give township) Pierce City MO 550	
c. LENGTH OF STAY (in this place) 34 days		d. STREET ADDRESS (If rural, give location) Washington Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Vincents Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) EVA b. (Middle) Mathilde c. (Last) DANIELS			4. DATE OF DEATH (Month) (Day) (Year) 12 28 51		
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 12/28/1878		9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Webster County, MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Clyde Brymen		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE George Daniels, deceased		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 Bannay Daniels		ADDRESS Pierce City	
---	--	----------------------------	--

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic cardiovascular disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 30 days	
---	--	---	--	--	--

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 442X		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) _____	
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 **May 15, 1949**, to **Dec 28, 1957**, that I last saw the deceased alive on **Dec 28, 1957**, and that death occurred at **3:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles A. Spears, M.D.		23b. ADDRESS Pierce City		23c. DATE SIGNED 1-5-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/31/51		24c. NAME OF CEMETERY OR CREMATORY Pierce City Cemetery	
24d. LOCATION (City, town, or county) (State) Pierce City, MO					

DATE REC'D BY LOCAL REG. Jan. 10 - 1952		REGISTRAR'S SIGNATURE Walter A. Wornatzer		25. FUNERAL DIRECTOR'S SIGNATURE W. William J. Deasell	
				ADDRESS Pierce City	

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

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 Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monette, 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.