

No. 30
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3662

State File No.

FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY Shelby County
b. CITY OR TOWN Shelbina, Mo.
c. LENGTH OF STAY (in this place) 5 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION Thurmans Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Shelby
c. CITY OR TOWN Shelbina, Mo.
d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED
a. (First) LOGAN b. (Middle) NELSON c. (Last) DANIEL

4. DATE OF DEATH (Month) (Day) (Year)
1-21-1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 6-24-1865

9. AGE (In years) 86 IF UNDER 1 YEAR: Months 6 Days 27 IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Same

11. BIRTHPLACE (State or foreign country) Randolph Co. Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Pleasant Daniel

13b. MOTHER'S MAIDEN NAME Mary Jane Hutton

14. NAME OF HUSBAND OR WIFE. Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and date of service) No

16. SOCIAL SECURITY NO. X

17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. F. Daniel, Leonard, Mo.

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
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) Chronic glomerular nephritis
DUE TO (c) Arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 days
1 yr.
Do not know

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 446 X

20. AUTOPSY? YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1952, to Jan 21, 1952, that I last saw the deceased alive on Jan 21, 1952 and that death occurred at 5:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. F. Daniel, M.D.

23b. ADDRESS Shelbina, Mo.

23c. DATE SIGNED Jan 21, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-23-1952

24c. NAME OF CEMETERY OR CREMATORY Hagers Grove Cmty.

24d. LOCATION (City, town, or county) (State) Hagers Grove, Mo.

DATE REC'D BY LOCAL REG. 2-1-52

REGISTRAR'S SIGNATURE Ada Garrison

FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkeley-Hawkins, Shelbina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. *3498*

P. O. Address. *Shelburne 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.