

FILED APR 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13416
Registrar's No. 49

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5601

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg Rural c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. # 4 Warrensburg

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Johnson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg Rural d. STREET ADDRESS (If rural, give location) R.F.D. # 4 Warrensburg

3. NAME OF DECEASED
a. (First) David b. (Middle) Edward c. (Last) Dannaldson
4. DATE OF DEATH (Month) (Day) (Year) Mar. 30 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH Oct. 20 1864 9. AGE (In years last birthday) 87 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer 11. BIRTHPLACE (State or foreign country) Johnson Co. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME David Dannaldson 13b. MOTHER'S MAIDEN NAME Elizabeth Groves 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. 16. SOCIAL SECURITY NO. No 17. INFORMANT'S SIGNATURE OR NAME Wm. H. Whitfield ADDRESS Warrensburg, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Atherosclerosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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 4500 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) _____ 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 11-20, 1952, to 3-30, 1952, that I last saw the deceased alive on 3-30, 1952, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. H. Whitfield M.D. 23b. ADDRESS _____ 23c. DATE SIGNED 4-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4-1-52 24c. NAME OF CEMETERY OR CREMATORY Sunset Hill 24d. LOCATION (City, town, or county) (State) Warrensburg, Mo.

DATE REC'D BY LOCAL REG. Apr. 4, 1952 REGISTRAR'S SIGNATURE Wm. H. Whitfield 25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips ADDRESS Warrensburg, Mo.

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

510

RECEIVED
APR 6 1952
RECEIVED

JOHNSON COUNTY HEALTH DEP

APR 18 1952

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 R. Q. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 2320

P. O. Address R. Q. Phillips

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.