

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24404

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2983</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>12 YEARS</u>		c. CITY OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>3742 Askew</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luther</u>			b. (Middle) _____		c. (Last) <u>Daniels</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 1 52</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUGUST-11-1886</u>		9. AGE (In years last birthday) <u>65</u> If under 1 year: Months _____ Days _____ If under 1 week: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER &amp; MAINTENANCE MAN.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>L. J. BAER &amp; COMPANY</u>		11. BIRTHPLACE (State or foreign country) <u>BEVIER MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JOHN J. DANIELS</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH THOMAS</u>			14. NAME OF HUSBAND OR WIFE <u>MRS. JENNIE DANIELS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>496-18-3437</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JENNIE DANIELS</u> ADDRESS <u>3742 ASKEW AVE. KANSAS CITY, MO.</u>				
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) <u>Pulmonary tuberculosis</u>  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.  <u>DOT</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 <u>May 8</u> , 19 <u>52</u> , to <u>July 1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>July 1</u> , 19 <u>52</u> , and that death occurred at <u>3:50 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>B. I. Burns, M.D.</u>				23b. ADDRESS <u>24th &amp; Cherry</u>			23c. DATE SIGNED <u>7-1-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY-1-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WEST DAKWOOD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BEVIER MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>7-1-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer Sons</u> ADDRESS <u>1331 BUSH COLEMAN KANSAS CITY, MO.</u>				

(Licensed Embalmers' Statement of Reverse Side)

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

*W. P. ...*

**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 \_\_\_\_\_

*Charles H. Steinhilber*

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

*45260*

P. O. Address \_\_\_\_\_

*720 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.