

**DEAD** JUL 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26854**

BIRTH NO.		REG. DIST. NO. <b>328</b>	PRIMARY REG. DIST. NO. <b>3073</b>	Registrar's No. <b>28</b>
1. PLACE OF DEATH a. COUNTY <b>SCOTT 1001</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>SCOTT</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CHAFFEE</b>		c. LENGTH OF STAY (in this place) OR TOWN <b>8 YRS</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>115 HELEN AVE</b>		d. STREET ADDRESS (If rural, give location) <b>115 HELEN AVE</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>LAURA</b> b. (Middle) <b>ETHEL</b> c. (Last) <b>DANIEL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-8-52</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>MAY 6-1899</b>	9. AGE (In years last birthday) <b>53</b> IF UNDER 1 YEAR Months <b>2</b> IF UNDER 2 HRS. Hours <b>2</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (State or foreign country) <b>LUTESVILLE MO</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>W.S. DAVAULT</b>		
13b. MOTHER'S MAIDEN NAME <b>RADAY</b>		14. NAME OF HUSBAND OR WIFE <b>SHELL M.A. DANIEL</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <b>490-34-8091</b>		17. INFORMANT'S SIGNATURE OR NAME <b>M.A. Daniel-Chaffee</b> ADDRESS
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ACUTE MYOCARDIAL DECOMPENSATION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 HRS.</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>MITRAL INSUFFICIENCY</b>		<b>6 MO.</b>
		DUE TO (c) <b>CA OF BREAST &amp; DIFFUSE METASTASES</b>		<b>2 YRS.</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>SEVERE CACHEXIA</b>		<b>4 MO.</b>
19a. DATE OF OPERATION <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION <b>NONE</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NATURAL</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>NONE</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>NONE</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>NONE</b>
22. I hereby certify that I attended the deceased from <b>NOV</b> , 1951, to <b>JULY</b> , 1952, that I last saw the deceased alive on <b>JULY 6</b> , 1952, and that death occurred at <b>1:00 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>H.J. Mosebach, D.O.</b>			23b. ADDRESS <b>CHAFFEE, MO.</b>	
23c. DATE SIGNED <b>7-10-52</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-9-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BATEA CEM.</b>
				24d. LOCATION (City, town, or county) (State) <b>LUTESVILLE MO.</b>
DATE REC'D BY LOCAL REG. <b>7-16-52</b>		REGISTRAR'S SIGNATURE <b>Mrs. Fred Ruppel</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Stubb-Chaffee</b> ADDRESS

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

RECEIVED

JUL 21 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 152-225

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 C. J. Loberg .....

Licensed Embalmer No. 3810 .....

P. O. Address Cape Girardeau, 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.