

FILED OCT 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36089

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3060</u>		Registrar's No. <u>328</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Franco (Jackson)</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u>		0941	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JESSIE</u>		b. (Middle) <u>MAUDE</u>		c. (Last) <u>Mc DANIEL</u>	
<u>JESSIE</u>		<u>MAUD</u>		<u>Mc DANIEL</u>		4. DATE OF DEATH (Month) <u>Oct</u> (Day) <u>16</u> (Year) <u>1952</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED /		8. DATE OF BIRTH <u>April 9 1908</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years, Months, Days) <u>44</u> <u>6</u> <u>7</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan Mo</u>	
13a. FATHER'S NAME <u>John W. Calvird</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Ferrer</u>		14. NAME OF HUSBAND OR WIFE <u>Cleve McDaniel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cleve McDaniel Farmington 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): <u>Hypertension Terminal Disease 5 years.</u> 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 <u>10 minutes</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of pylorus & Hepatic Metastases</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., 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 <u>4201 H</u>	
22. I hereby certify that I attended the deceased from <u>Sept 15, 1952</u> , to <u>Oct 16, 1952</u> that I last saw the deceased alive on <u>Oct 15, 1952</u> and that death occurred at <u>8 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Geo. L. Waters</u>				23b. ADDRESS <u>Farmington Mo.</u>		23c. DATE SIGNED <u>10-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct 19 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARKVIEW</u>		24d. LOCATION (City, town, or county) (State) <u>FARMINGTON MO</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 18, 1952</u>		REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>G H COZEAN FARMINGTON MO</u>			

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

JAN 27 1958

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 _____
Licensed Embalmer No. 4084

P. O. Address Farmington 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.