

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37540**

FILED DEC 1 1952

BIRTH NO.		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 5004	Registrar's No. 402
1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair		
b. CITY (If outside corporate limits, write RURAL and give township) Town Rural Nineveh Twp.		c. LENGTH OF STAY (In this place) 39 yrs.		
d. FULL NAME OF HOSPITAL OR INSTITUTION R. R. #1, Novinger Nineveh Twp.		c. CITY (If outside corporate limits, write RURAL and give township) Novinger 0-0-15		
		d. STREET ADDRESS (If rural, give location) R. R. #1 3		
3. NAME OF DECEASED (Type or Print) a. (First) Glenn		b. (Middle) Walter		c. (Last) Daniels
4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1952				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 26, 1890	9. AGE (In years less birthday) 62 # UNDER 1 YEAR: Months Days # UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Miner		10b. KIND OF BUSINESS OR INDUSTRY Farmer & Coal Miner		11. BIRTHPLACE (City and State or Foreign Country) Adair Co., Mo U
		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Elisha Daniels		13b. MOTHER'S MAIDEN NAME Margaret Niece		14. NAME OF HUSBAND OR WIFE Beulah Burchett Daniels
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beulah Daniels, Novinger, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION June 1951		19b. MAJOR FINDINGS OF OPERATION Carcinoma of the Stomach 151X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) ---		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 June 1951 to Nov 18, 1952 , that I last saw the deceased alive on 11/20/52 , 19 52 , and that death occurred at 11:30 a.m., from the causes and on the date stated above.				
23a. SIGNATURE H. H. Garrison M.D.		23b. ADDRESS Novinger, Missouri		23c. DATE SIGNED 11/21/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/21/52		24c. NAME OF CEMETERY OR CREMATORY Novinger
		24d. LOCATION (City, town, or county) (State) Novinger, Mo		
DATE REC'D BY LOCAL REG. 11-22-52		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Kirksville, Mo.

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

STATEMENT BY LICENSED EMBALMER

DEC 2 1952

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

Richard H. Randall

Licensed Embalmer No. *4866*

P. O. Address *Fairville, 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.