

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 511

FILED FEB 10 1954
BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 5208 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Carroll 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Carroll

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hale, (Hurricane Twp) c. LENGTH OF STAY (in this place) 25 years c. CITY OR TOWN Hale, d. Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Jewell Daniels Home, e. STREET ADDRESS (If rural, give location) RFD. 7 SW Hale, Mo. 0470

3. NAME OF DECEASED a. (First) EFFIE b. (Middle) _____ c. (Last) DANIELS 4. DATE OF DEATH (Month) (Day) (Year) Feb. 4th, 1954

5. SEX F 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed, 8. DATE OF BIRTH Feb. 26, 1886 9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 11 Days 8 IF UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife, 10b. KIND OF BUSINESS OR INDUSTRY Same. 11. BIRTHPLACE (City and State or Foreign Country) Carroll County, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Asa Hill, 13b. MOTHER'S MAIDEN NAME Sarilda Adkins, 14. NAME OF HUSBAND OR WIFE Frank Daniel,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give year or dates of service) NO 16. SOCIAL SECURITY NO. NONE. 17. INFORMANT'S SIGNATURE OR NAME Jewell Daniels, ADDRESS Hale, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Ventricular Failure INTERVAL BETWEEN ONSET AND DEATH 1 week
ANTECEDENT CAUSES
DUE TO (b) Generalized Adeno Carcinoma 2 yrs.
DUE TO (c) Bladder, Small bowel, rectum.
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 _____ 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 Sept 23, 1953, to Feb. 4, 1954, that I last saw the deceased alive on 1-25, 1954, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. W. Matheeny M.D. 23b. ADDRESS Chellicote, Mo. 23c. DATE SIGNED 2/5/1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2/7/1954 24c. NAME OF CEMETERY OR CREMATORY Hale cemetery 24d. LOCATION (City, town, or county) (State) Hale, Missouri

DATE REC'D BY LOCAL REG. Feb. 6, 1954 REGISTRAR'S SIGNATURE Mrs. Rex Henderson 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin, Tina, Mo.

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

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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.....
Signature of Student Embalmer

Signed.....
Clifford W. Justice

Licensed Embalmer No. 32

P. O. Address Tina, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.