

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23779

FILED JUL 27 1954

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>238</u>		PRIMARY REG. DIST. NO. <u>4355</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MICHIGAN</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>4251 - 24th ST. 8210</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>DETROIT</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dolphus</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>DANIELS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July-18-54</u>				
5. SEX <u>M.</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>WIDOWED</u>	8. DATE OF BIRTH <u>4-26-1909</u>	9. AGE (If years last birthday) <u>45</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>DE Soto, COUNTY, MISS.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY DANIELS</u>			13b. MOTHER'S MAIDEN NAME <u>SALLIE TRSSELL</u>		14. NAME OF HUSBAND OR WIFE <u>EVA DANIELS.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>382-12-022</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Otis Daniels</u>		ADDRESS <u>807 Memphis St. Hattiesburg, Miss.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Car skidded in front</u> ANTECEDENT CAUSES DUE TO (b) <u>of Grayhound Bus, Crashed</u> DUE TO (c) <u>body, Fractured Skull</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Broken Right Arm, Broken</u>			INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Left Leg.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid. 072 Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July. 18. 54. 6:00 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hit by Bus.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Hedgworth Carver</u>				23b. ADDRESS <u>New Madrid, Mo.</u>		23c. DATE SIGNED <u>July 18 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July-19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National. U.S.A.</u>		24d. LOCATION (City, town, or county) (State) <u>Memphis. Tenn.</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>7-23-54 Nelson L. ...</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John ... Co. New Madrid Mo.</u>			

6/16/61 1956

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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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed *Danny S. Roberts*.....

Licensed Embalmer No. *4826*.....

P. O. Address *New Madrid*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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