

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED AUG 20 1954

State File No. **29504**

BIRTH NO. **58618-54** REC. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston	c. LENGTH OF STAY (in this place) 3 Days	c. CITY OR TOWN Essex	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital		e. STREET ADDRESS (If rural, give location) Route 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Aaron	b. (Middle) Lavalle	c. (Last) Daniels	4. DATE OF DEATH (Month) (Day) (Year) 8 7 1954
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 7-28-1954	9. AGE (in years last birthday) 10 IF UNDER 1 YEAR Days 10 IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Essex, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME 0	13b. MOTHER'S MAIDEN NAME Mary Louise Daniels	14. NAME OF HUSBAND OR WIFE 0
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 0	16. SOCIAL SECURITY NO. 0	17. INFORMANT'S SIGNATURE OR NAME Miss Mary Daniels, Essex, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 18 Days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ATALECTASIS		
	ANTECEDENT CAUSES DUE TO (b) PREMATURITY DUE TO (c) 1. GI HEMORRHAGE, MASSIVE		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4 Hours	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7625	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8:5, 1954, to 8:7, 1954, that I last saw the deceased alive on 8:7, 1954, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE Quia B. Smith M.D.	(Degree or title)	23b. ADDRESS Sikeston Mo.	23c. DATE SIGNED 8-10-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8-8-54	24c. NAME OF CEMETERY OR CREMATORY Dexter cemetery	24d. LOCATION (City, town, or county) (State) Dexter, Mo.
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DATE REC'D BY LOCAL REG. 8-14-54	REGISTRAR'S SIGNATURE Mrs. Ollie Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser.	ADDRESS Dexter, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED AUG 16 1954
SCOTT CO. HEALTH DEPT.
CO. FILE No. 554-175

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 was Not Embalmed..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Walter Marsh Watkins.....

Licensed Embalmer No. 4717.....

P. O. Address Pepper 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.