

FILED NOV 16 1954

STANDARD CERTIFICATE OF DEATH 5373

State File No. 36929  
Registrar's No. 13

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 2377

1. PLACE OF DEATH a. COUNTY <b>DeKalb</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>DeKalb</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maysville (R.F.D.)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maysville (R.F.D.)</b>	
c. LENGTH OF STAY (in this place) <b>15yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0320</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSHUA</b> b. (Middle) <b>MARSHALL</b> c. (Last) <b>DANIEL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 20 1954</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 22 1862</b>	9. AGE (In years last birthday) <b>92</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retires School teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
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13a. FATHER'S NAME <b>Jonathan Daniel</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Marshall</b>		14. NAME OF HUSBAND OR WIFE <b>Amanda Elizabeth Daniel</b>			
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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) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>R.P. Daniel Maysville Missouri</b>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senility</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	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 <input type="checkbox"/> NO <input checked="" 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) <b>794X</b>	
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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	
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22. I hereby certify that I attended the deceased from June, 1945, to Oct. 20, 1954, that I last saw the deceased alive on Oct. 19, 1954, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. S. Stoddard Fowler M.D.</b>		23b. ADDRESS <b>Maysville Missouri</b>		23c. DATE SIGNED <b>10/21-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/21-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairport</b>		24d. LOCATION (City, town, or county) (State) <b>Fairport Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>11-5-54</b>		REGISTRAR'S SIGNATURE <b>W. S. Stoddard Fowler</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>FILCHER FUNERAL HOME MAYSVILLE MO.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Signed.....



C. F. Pilcher

Signed.....  
Student Embalmer

Licensed Embalmer No. 3960

P. O. Address maysville 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.