

3752

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED MAR 2 1955

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 55

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

d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville c. LENGTH OF STAY (in this place) 5 yrs
c. CITY OR TOWN Kirksville d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 301 E. McPherson St., e. STREET ADDRESS (If rural, give location) 301 E. McPherson St., 0013

3. NAME OF DECEASED (Type or Print) a. (First) Byrd b. (Middle) _____ c. (Last) Daniels 4. DATE OF DEATH (Month) (Day) (Year) Feb. 26, 1955

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Dec. 25, 1889 9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farm 11. BIRTHPLACE (City and State or Foreign Country) Adair County, Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Daniels 13b. MOTHER'S MAIDEN NAME Amanda Donelly 14. NAME OF HUSBAND OR WIFE Jessie Compton Daniels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 491-36-7887-A 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jessie Daniels, Kirksville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cronary Thrombosis
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
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 4201 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 Feb 26, 1955, to Feb 26, 1955, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. A. Schmitz 23b. ADDRESS Kirksville, Mo. 23c. DATE SIGNED 2/26/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3/2/55 24c. NAME OF CEMETERY OR CREMATORY Pratt 24d. LOCATION (City, town, or county) (State) Adair Co., Mo.

DATE REC'D BY LOCAL REG. 2-28-55 REGISTRAR'S SIGNATURE Kate Lambert 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James R. ... Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

013

MAY 18 1956

MAR 8 1956

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 *Kaouth E. Hayes*.....

Licensed Embalmer No. *4896*

P. O. Address *Kirkville, 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.