

FILED JUN 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18012**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **62** PRIMARY REG. DIST. NO. **5239** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR Rural, Linn Twp.	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mile E. of Stockton		e. STREET ADDRESS (If rural, give location) 1 Mile E. of Stockton	

3. NAME OF DECEASED (Type or Print)	a. (First) RAYMOND	b. (Middle) EDWARD	c. (Last) DANIELS	4. DATE OF DEATH (Month) (Day) (Year) May 29, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Feb. 16, 1918	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months 3	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) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farm Laborer	11. BIRTHPLACE (City and State or Foreign Country) Caplinger Mills, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charlie E. Daniels	13b. MOTHER'S MAIDEN NAME Louisa Helt	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY No. 499-18-6568	17. INFORMANT'S SIGNATURE OR NAME Charlie E. Daniels, Stockton, 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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull left side		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) side DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 8 12 4 25		

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 Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #64	21c. (CITY, TOWN, OR TOWNSHIP) Linn Twp. (COUNTY) Cedar (STATE) MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 29, 1955 1:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by Car on Highway
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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 **1:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W.D. Givern (Degree or title) Coroner	23b. ADDRESS Eldorado Springs, Mo.	23c. DATE SIGNED 5-29-55
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 5/31/1955	24c. NAME OF CEMETERY OR CREMATORY Old Union	24d. LOCATION (City, town, or county) Cedar County, Mo. (State)
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DATE REC'D BY LOCAL REG. 6-15-55	REGISTRAR'S SIGNATURE Geneva Garrison 54-0	FUNERAL DIRECTOR'S SIGNATURE Boutwell Funeral Home, Stockton, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

200

JUN

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 *John A. Cantlon*.....

Licensed Embalmer No. *438*

P. O. Address *Stoughton*

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.