

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 2 - 1956

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>162</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		c. LENGTH OF STAY (in this place) <u>6 MONTHS</u>		c. CITY OR TOWN <u>SWEET SPRINGS</u>		d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1015 So. MASSACHUSETTS</u>				f. STREET ADDRESS (If rural, give location) <u>5 MI. SO. OF SWEET SPRINGS</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>			b. (Middle) <u>ALICE</u>		c. (Last) <u>DANIEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 26, 1956</u>
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>Sept. 19, 1871</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hour _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/> None		11. BIRTHPLACE (City and State or Foreign Country) <u>NORTH JOHNSON COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>WARREN T. GLOVER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY M. ARMSTRONG</u>		14. NAME OF HUSBAND OR WIFE <u>George L. DANIEL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EDGAR DANIEL - Sweet Springs</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis, chronic</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>	
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) <u>4222</u>			
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? _____			
22. I hereby certify that I attended the deceased from <u>Oct 3</u> , 19 <u>56</u> , to <u>3-26</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-26</u> , 19 <u>56</u> , and that death occurred at <u>11:25 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm Gordon Humphreys M.D.</u>				23b. ADDRESS <u>Sedalia, Missouri</u>		23c. DATE SIGNED <u>3-29-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 28, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SOUTH FORK</u>		24d. LOCATION (City, town, or county) (State) <u>PETTIS COUNTY, MO</u>	
DATE REC'D BY LOCAL REG. <u>3-28-56</u>		REGISTRAR'S SIGNATURE <u>J. H. Coates, Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. T. Parker Sweet Springs, Mo.</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *L. F. Parker*.....

Licensed Embalmer No. *30*.....

P. O. Address *Sweet*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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...