Health, Welfare Public Service

300 O
1-56

FILED NOV 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36879
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 344

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Adair
c. CITY OR TOWN Kirksville — Inside Limits Yes X No ☐
d. STREET ADDRESS 108 E. Benton St., (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Artie Middle Mae Last Daniels
4. DATE OF DEATH Month Nov. Day 11, Year 1956
5. SEX F
6. COLOR OR RACE W
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug. 28, 1899
9. AGE (In years last birthday) 57
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) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Adair County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Lawson Bailey
14. MOTHER'S MAIDEN NAME Anna Crowder
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO.
17. INFORMANT Address Lon Daniels, Kirksville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARDIAC ARREST WITH SECONDARY CEREBRAL ANOXEMIA AND MEDULLARY PARALYSIS — INTERVAL BETWEEN ONSET AND DEATH 36 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (CARDIAC ARREST AT SURGERY - pt NEVER
DUE TO (c) REGAINED CONSCIOUSNESS) 11-9-56
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
OBSTRUCTION COMMON BILE DUCTS (STONES) - INTESTINAL OBSTRUCTION
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 584X
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 6-1956 to Nov 11-1956 and last saw her alive on Nov 10-1956
Death occurred at 12:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul Laughlin Jr (Degree or title) D.O.
22b. ADDRESS Kirksville, Mo.
22c. DATE SIGNED 11-14-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/13/56
23c. NAME OF CEMETERY OR CREMATORY Pratt Cemetery
23d. LOCATION (City, town, or county) (State) Adair County, Mo.

24. FUNERAL DIRECTOR [signature] ADDRESS Kirksville, Mo
25. DATE RECD. BY LOCAL REG. 11-14-56
26. REGISTRAR'S SIGNATURE Kate Lambert

(Licensed Embalmer's Statement on Reverse Side)

Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

C

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 George W. Davalt

Licensed Embalmer No. 47

P. O. Address Kirksville

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.