

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11966**

FILED MAY 7 - 1957

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>	
c. LENGTH OF STAY (in this place) <u>19 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0030</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own home</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Edna</u>	b. (Middle) <u>Roberta</u>	c. (Last) <u>Daily</u>	<u>April 27, 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 9, 1888</u>	9. AGE (In years, last birthday) <u>68</u>	10. UNDER 1 YEAR <u>18</u>
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 <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Kingman, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>Edward Brown Weedin</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ann McDaniel</u>	14. NAME OF HUSBAND OR WIFE <u>Frank E. Daily</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-44-8702</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thru Warren Kirby Jerkis No.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Unknown</u>		INTERVAL BETWEEN ONSET AND DEATH
	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 <u>7955</u>	20. AUTOPSY? <u>2</u> 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 No, 19 , to No, 19 , that I last saw the deceased alive on No, 19 , and that death occurred at Unknown, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward S. Bone MD</u>	23b. ADDRESS <u>Tarkio, Mo</u>	23c. DATE SIGNED <u>4/29/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 30, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>English Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Fairfax, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-29-1957</u>	REGISTRAR'S SIGNATURE <u>Therwin H. Schoeler</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Schoeler</u>	ADDRESS <u>Funeral Home Fairfax, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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8961 8 NW
JAN 2 1958

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
Student Embalmer

Signed

Marvin H. Schuler

Licensed Embalmer No. *4162*

P. O. Address

Fairfax, Missouri

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.