

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16062

STATE FILE NUMBER

FILED JUN 6 1957

Registration District No. 2 Primary Registration District No. 4007 Registrar's No. 32

|   |                                  |   |   |   |  |   |                                  |
|---|----------------------------------|---|---|---|--|---|----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Andrew</u>  |                                  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> |  |   |                                  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Savannah</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | c. CITY OR TOWN <u>Savannah</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><u>708 Price St.</u>   |                                  | Length of stay in 1b<br><u>2 hrs.</u>   |   | d. STREET ADDRESS (If outside, give location)<br><u>113 Liberty St.</u>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Clyde</u> Middle <u>Lemuel</u> Last <u>Daniels</u>  |                                  |   |   | 4. DATE OF DEATH<br>Month <u>May</u> Day <u>29</u> Year <u>1957</u>   |  |   |                                  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><u>Oct 25, 1908</u>   |  | 9. AGE (In years last birthday)<br><u>48</u>  |                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>L.P. Gas Maintainer</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Liquid P Gas</u>  |   | 11. BIRTHPLACE (City and state or country)<br><u>Savannah Mo</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |                                  |
| 13. FATHER'S NAME<br><u>Alfred Daniels</u>  |                                  |   |   | 14. MOTHER'S MAIDEN NAME<br><u>Hattie Elizabeth Sparks</u>  |  |   |                                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>487-12-7727</u>   |   | 17. INFORMANT<br><u>Mrs. Clyde Daniels, Savannah Mo</u>   |  |   |                                  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>myocardial infarction 5 min</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) |                                  |   |   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><u>4201</u> |   |  |   |                                  |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____, a. m. _____ p. m. _____  |                                  |   |   |   |  |   |                                  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 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 <u>5-29-57</u> to <u>5-29-57</u> and last saw <u>her</u> alive on <u>DDA</u> .<br>Death occurred at <u>4:50 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |   |   |  |   |                                  |
| 22a. SIGNATURE (Degree or title)<br><u>Warren C. Baker MD</u>   |                                  |   |   | 22b. ADDRESS<br><u>Savannah, Mo</u>   |  | 22c. DATE SIGNED<br><u>5-31-57</u>  |                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>June 1, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Savannah City Cemetery</u>   |   | 23d. LOCATION (City, town, or county)<br><u>Savannah</u>  |  | STATE<br><u>Mo</u>  |                                  |
| 24. FUNERAL DIRECTOR<br><u>Wm A Rich Savannah Mo</u>  |                                  | ADDRESS<br><u>6-1-57</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>6-1-57</u>   |  | 26. REGISTRAR'S SIGNATURE<br><u>Lillian Sparks</u>                                    |                                  |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service  
300  
1-56  
Doctor, 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

2-0

JUN 11 1957

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.....  
*Wm A Rich*

Licensed Embalmer No. *472*

P. O. Address *Savanna*

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.