

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25177

FILED JUL 22 1957

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>4256</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If in institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY OR TOWN <u>Holden</u>		c. LENGTH OF STAY (in this place) <u>4 1/2</u>		c. CITY OR TOWN <u>Holden</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>505 3/2nd St.</u>				e. STREET ADDRESS (If rural, give location) <u>505 East 2nd Street</u>			
3. NAME OF DECEASED (Type or Print) <u>SAMUEL P</u>		a. (First)		b. (Middle) <u>P</u>		c. (Last) <u>McDANIEL</u>	
4. DATE OF DEATH		Month <u>July</u>		Day <u>14</u>		Year <u>1957</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Sept 28 1882</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>3</u>		IF UNDER 2 HRS. Days <u>17</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Gen Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Higginsville Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Samuel McDaniel</u>		13b. MOTHER'S MAIDEN NAME <u>Elana</u>	
14. NAME OF HUSBAND OR WIFE <u>Carl M McDaniel</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Carl M McDaniel</u>				ADDRESS <u>Holden Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>				II. OTHER SIGNIFICANT CONDITIONS	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) <u>Coronary Sclerosis</u> <u>3 years</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Passive Congestive Heart Failure</u> <u>6 months</u>				4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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)		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 15, 1957</u> , to <u>July 14, 1957</u> , that I last saw the deceased alive on <u>July 13, 1957</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R N Jones</u>				23b. ADDRESS <u>Holden, Mo</u>		23c. DATE SIGNED <u>7-15-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 16 '57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holden Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 17 1957</u>		REGISTRAR'S SIGNATURE <u>Mrs G V Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Conrad & Kopp</u> ADDRESS <u>Holden Mo</u>			

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.....
Samuel B. Poppe

Licensed Embalmer No. *484*

P. O. Address *Holden*

**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.**