

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **27191**

BIRTH NO. _____ REG. DIST. NO. **391** PRIMARY REG. DIST. NO. **6153** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write NEAR and give township) Rural - Pike Twp.		c. CITY OR TOWN R-L, Panton	
c. LENGTH OF STAY (in this place) 1 year		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not a hospital or institution, give street address or location) Route 1, Panton, Mo.		STREET ADDRESS (If rural, give location) Rural PIKE TWP.	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) G c. (Last) DANIELS			4. DATE OF DEATH (Month) (Day) (Year) July 9, 1957		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb 14, 1898		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR: Months 4 Days 28 IF UNDER 24 HRS. Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) TENN.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Daniels		13b. MOTHER'S MAIDEN NAME Laura Holland		14. NAME OF HUSBAND OR WIFE Myrtle Mae Daniel	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Myrtle Mae Daniels ADDRESS 976 X	
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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) Self-inflicted gun shot wound in head		INTERVAL BETWEEN ONSET AND DEATH 5 min.	
		ANTECEDENT CAUSES Morbidity 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"/>	
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Panton, Mo. Route 1	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) July 9, 1957 12:05 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Suicide	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:05 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Marsh Withers (Degree or title) Cornet		23b. ADDRESS Pester, Mo.		23c. DATE SIGNED 7-10-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIED		24b. DATE 7/11/57		24c. NAME OF CEMETERY OR CREMATORY Maryann	
				24d. LOCATION (City, town, or county) (State) Advance, Mo.	

DATE REC'D BY LOCAL REG. 7/15/57		REGISTRAR'S SIGNATURE Bernice Moore		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Morgan ADDRESS Advance, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

360

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 H Morgan

Licensed Embalmer No..... *4640*

P. O. Address..... *Adwanna, N.J.*

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.