

FILED AUG 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28748**

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5744 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Madison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Madison ✓	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Castor Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Castor Township	
c. LENGTH OF STAY (in this place) 5 years		d. STREET ADDRESS (If rural, give location) 11 mi. S.E. of Fredericktown	
d. FULL NAME OF HOSPITAL OR INSTITUTION 11 mi. S.E. of Fredericktown		d. STREET ADDRESS (If rural, give location) 11 mi. S.E. of Fredericktown	

3. NAME OF DECEASED (Type or Print)	a. (First) Oscar	b. (Middle) Olan	c. (Last) McDaniel	4. DATE OF DEATH (Month) (Day) (Year)
				Aug. 8, 1957

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 4, 1898	9. AGE (In years last birthday) 58	if UNDER 1 YEAR Months 11	if UNDER 2 HRS. Days 4	if UNDER 2 HRS. Hours 	if UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Labor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Wayne County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Eli McDaniel	13b. MOTHER'S MAIDEN NAME Mollie East	14. NAME OF HUSBAND OR WIFE Ada Mc Daniel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 498-10-2903	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ada McDaniel - Fredericktown, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis with myocardial infarction		3 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Generalized arteriosclerosis		8 yrs 8 yrs
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"/>
		4 200

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 June 20, 1957, to Aug 7, 1957, that I last saw the deceased alive on Aug 7, 1957, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles Michaelis, M.D.	23b. ADDRESS 135 S. Mumma Motte Fredericktown Missouri	23c. DATE SIGNED Aug 12, '57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 11, 1957	24c. NAME OF CEMETERY OR CREMATORY Christian Cemetery	24d. LOCATION (City, town, or county) (State) Madison County, Missouri
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DATE REC'D BY LOCAL REG. 8-12-1957	REGISTRAR'S SIGNATURE Florence Hicks	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS N. Edanson Fredericktown, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

187

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
AUG 26 1957
RECEIVED

FILE No. 857-49

SEP 12 1957

SEP 17 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
Student Embalmer.

Signed Raymond B. Carlson

Licensed Embalmer No. 484

P. O. Address Fredericktown, MO

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.