FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

894
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 800 W. Scott — Length of stay in Ib 72 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield 2390 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 800 W. Scott — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Godfrey Middle N. Last Danielson

4. DATE OF DEATH Month January Day 7 Year 1958

5. SEX Male 2
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Aug. 15, 1884
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY Bus
11. BIRTHPLACE (City and state or country) Sweden 4
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Leonard Danielson
13b. MOTHER'S MAIDEN NAME Marie--?
14. NAME OF HUSBAND OR WIFE Maude S. Danielson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 500-01-4179A
17. INFORMANT Maude S. Danielson — Address Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteri-sclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH Several years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteri-sclerosis generalized.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 April 14 - 55, to Jan 7, 58 and last saw her him alive on Jan 5, 58
Death occurred at 5:05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John [illegible] (Degree or title)
22b. ADDRESS [illegible]
22c. DATE SIGNED 1-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-9-58
23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cem
23d. LOCATION (City, town, or county) Springfield, Mo. (State)

24. FUNERAL DIRECTOR [illegible]
ADDRESS Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 1-9-58
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 7 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 ---------- Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 3312

P. O. Address Springfield,

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.