

FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004388

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 5074 Registrar's No. 16

060
300
1-57

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY BARTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN UNION TWN MO
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None		Length of stay in lb	d. STREET ADDRESS 3-5-W of S Helton Mo
3. NAME OF DECEASED (Type or print)		First ARTHUR	Middle Lee
		Last DANLEY	4. DATE OF DEATH Month 2 Day 19 Year 58

5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-4-1877	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM		11. BIRTHPLACE (City and state or country) VERNON Co. MO		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME J. J. DANLEY		13b. MOTHER'S MAIDEN NAME U. K.		14. NAME OF HUSBAND OR WIFE ELSIE LIVINGSTONE DANLEY	
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 ELSIE DANLEY	
				Address SHELDON MO	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) uremia		INTERVAL BETWEEN ONSET AND DEATH Jan 2, 1958 Dec. 1956
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic nephritis	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT <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 FARROS, MO.	COUNTY MO.	STATE MO.
21. I attended the deceased from 1956 to Feb 18, 1958 and last saw her ^{her} give on Feb 18, 1958 Death occurred of _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE John T. Buckel, M.D.		22b. ADDRESS Farros, Mo.		22c. DATE SIGNED FEB 19, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Feb 22-58	23c. NAME OF CEMETERY OR CREMATORY Milo Cemetery	23d. LOCATION (City, town, or county) (State) MILO MO.
24. FUNERAL DIRECTOR Charles Beeny Sheldon		25. DATE RECD. BY LOCAL REG. FEB 24 58	26. REGISTRAR'S SIGNATURE Marie Korantz

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *G. Gerald Beeny*

Licensed Embalmer No. *4203*

P. O. Address *Sheldon MD*

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.