

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046575

STATE FILE NUMBER

FILED JAN 6 1958

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 3410

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON		c. CITY OR TOWN Troy	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St Louis County INSTITUTION Hospital		d. STREET ADDRESS (If outside, give location) Sydnorville	

3. NAME OF DECEASED (Type or print) First Roy Middle Lee Last Daniels			4. DATE OF DEATH Month Dec. Day 23, Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 26, 1898	9. AGE (In years last birthday) 60	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working-life, even if retired) Attendant	10b. KIND OF BUSINESS OR INDUSTRY Auto Agency	11. BIRTHPLACE (City and state or country) Eolia, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George W. Daniels	13b. MOTHER'S MAIDEN NAME Katie ???	14. NAME OF HUSBAND OR WIFE None
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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 none	16. SOCIAL SECURITY NO. 494-01-7763	17. INFORMANT Address Lelia Shelton, Troy, Missouri.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Insufficiency		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4261		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE Natural Causes <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Natural disease process (Suffered attack while operating a car at Sappington Rd. & Hy. 66)
20c. TIME OF INJURY Hour 1:30 p.m. Month, Day, Year 12/23/58	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	20f. CITY, TOWN, OR LOCATION COUNTY STATE Crestwood St. Louis Missouri
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Raymond L. Lindoroner 3	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 12/29/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) 12/26/58 Burial	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Eolia Cemetery	23d. LOCATION (City, town, or county) (State) Eolia, Missouri
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24. FUNERAL DIRECTOR ADDRESS Kemper-Marsh Fun. Home, Troy, Mo.	25. DATE RECD. BY LOCAL REG. 12-29-58	26. REGISTRAR'S SIGNATURE Robert L. Plonka, Jr.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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JAN 19 1959

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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, ~~xxx~~ ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
(Signature of Student Embalmer

Signed *Joseph J. Marsh* .....

Licensed Embalmer No. 3932.....

P. O. Address. TROY, MISSOURI.

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.