

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001818
State File No.

FILED FEB 2 1959

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5591 Registrar's No. 11

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO COUNTY JEFFERSON			
b. CITY (If outside corporate limits, write RURAL and give township) RURAL CENTRAL		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN HILLSBORO		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 CASTLE ACRE N.H.			e. STREET ADDRESS (If rural, give location) R1			
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		b. (Middle)	c. (Last) DANIELS		4. DATE OF DEATH (Month) (Day) (Year) JAN 27 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH (last birthday) FEB 22 1885	9. AGE (In years) (Months) (Days) (Hours) (Min.) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) CORNING ARK		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		
14. NAME OF HUSBAND OR WIFE none		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. 498-10-0899		
17. INFORMANT'S SIGNATURE OR NAME REBECCA BOYD		ADDRESS HILLSBORO, MO				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION			
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. myocarditis		INTERVAL BETWEEN ONSET AND DEATH years.	
			ANTECEDENT CAUSES			DUE TO (b) Gen. arterio-sclerosis
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
II. OTHER SIGNIFICANT CONDITIONS			DUE TO (c)		years.	
Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION no.		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4221		
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 Jan. 1957 , to Jan 27, 1959 , that I last saw the deceased alive on Dec 27, 1958 and that death occurred at 1:05 p.m. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) North. J. Amstutz M.D.			23b. ADDRESS Debo, MO		23c. DATE SIGNED Jan 27, 59	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/29/1959	24c. NAME OF CEMETERY OR CREMATORY CITY		24d. LOCATION (City, town, or county) (State) DE SOTO MO	
DATE REC'D BY LOCAL REG. 1-30-59		REGISTRAR'S SIGNATURE Clara Lirardie		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) MAHN Funeral Home DE SOTO, MO		

MAR 16 1959

DATE RECEIVED
JAN 30 1959

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: *Aerald J. Mahon*

Licensed Embalmer No. 497

P. O. Address *De Soto, 1*

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.