

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004988

STATE FILE NUMBER

FILED MAR 2 1959

Registration District No. 098

Primary Registration District No.

Registrar's No. 16

S. 300  
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE *Dr. Wilson*

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Gallatin</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Gallatin</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>---</b>		Length of stay in 1b <b>20 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>---</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Richard</b> Middle <b>Albert</b> Last <b>Daniels</b>			4. DATE OF DEATH Month <b>February</b> Day <b>15</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 25 1864 94</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <b>0</b> Days <b>0</b> IF UNDER 24 HRS.: Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Owner</b>	11. BIRTHPLACE (City and state or country) <b>Daviess Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>John Daniels</b>		13b. MOTHER'S MAIDEN NAME <b>Mahala Brown</b>		14. NAME OF HUSBAND OR WIFE <b>Julia Daniels</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-22-9241</b>	17. INFORMANT Address <b>Mrs. Julia Daniels, Gallatin, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Congestive Cardiac Failure</b> DUE TO (b) <b>Pneumonia</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>36 hours</b> <b>3 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>491K</b>					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 _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE	
21. I attended the deceased from <b>2/12/59</b> to <b>2/14/59</b> and last saw <del>her</del> <b>him</b> alive on <b>2/14/59</b> Death occurred at <b>3:40 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Edwina Taylor M.D.</b>			22b. ADDRESS <b>Gallatin Mo</b>		22c. DATE SIGNED <b>2/18/59</b>
23a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-17-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Grand River Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jameson Mo.</b>
24. FUNERAL DIRECTOR <b>Hope Funeral Home</b>		ADDRESS <b>Gallatin, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2-24-59</b>	26. REGISTRAR'S SIGNATURE <b>Regina Conzelmann</b>

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 *L. O. Johnson* .....

Licensed Embalmer No. *3307* .....

P. O. Address *Dallas* .....

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.