

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018733

STATE FILE NUMBER

FILED JUN 10 1959 Registration District No. 290 Primary Registration District No. Registrar's No. 63

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-57

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lebanon, Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None.		Length of stay in lb 2 wks.	d. STREET ADDRESS (If outside, give location) 2530 Rural Rt. #
3. NAME OF DECEASED (Type or print) First Ruby Middle Jane Last Daniels.		4. DATE OF DEATH Month May Day 21, Year 1959	
5. SEX Female	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 Jan 5, 1942
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolgirl.		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 17 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) Grovesprings, Mo.		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Floyd Daniels.		13b. MOTHER'S MAIDEN NAME Ivy Giddens.	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. _____	
17. INFORMANT Floyd Daniels		Address Waynesville, 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) SUFFOCATION			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Epileptic Seizure			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 3533			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 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 _____, to _____, and last saw her/him alive on _____ Death occurred at 2:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hedges County Coroner. 3		22b. ADDRESS Richland, Missouri.	22c. DATE SIGNED 5/21/59
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 5/23/59	23c. NAME OF CEMETERY OR CREMATORY Holman Cemetery	23d. LOCATION (City, town, or county) (State) Lebanon, Mo. Rural Rt.
24. FUNERAL DIRECTOR Hedges Funeral Home Way, Mo.		25. DATE RECD. BY LOCAL REG. 5-23-59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Clarence J. Moss*

Licensed Embalmer No.....

P. O. Address

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.