

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015748

FILED VS. APR 19 1960

146 Primary Registration District No. 3026 Registrar's No. 211

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		Length of stay in 1b 3 Days		c. CITY OR TOWN PARKVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEPENDENCE SAN. & Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) LAKE WEATHERBY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last MILTON FINDLEY DANIELSEN				4. DATE OF DEATH Month Day Year 4-10-60					
5. SEX MALE	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-8-1896	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Salesman			10b. KIND OF BUSINESS OR INDUSTRY SALES		11. BIRTHPLACE (City and state or country) LOGAN UTAH		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME W.G. DANIELSEN			13b. MOTHER'S MAIDEN NAME LINZY FINDLEY			14. NAME OF HUSBAND OR WIFE AGNES DANIELSEN			
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. 495-07-6798		17. INFORMANT MRS AGNES DANIELSEN		Address LAKE WEATHERBY PARKVILLE 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) Respirator Sepsis - Actinobaculum							INTERVAL BETWEEN ONSET AND DEATH 8 wks.		
Conditions, if any, which gave rise to above cause (a), stating 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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.	Month, Day, Year								
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 Aug 1959 to April 10, 1960 and last saw him alive on April 10, 1960 Death occurred at 5:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Robert S. Meador MD				22b. ADDRESS 10901 Winner Rd. Independence, Mo.			22c. DATE SIGNED 4-12-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-12-1960	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI					
24. FUNERAL DIRECTOR FLORAL HILLS Memorial Chapel Inc			ADDRESS ICMO.	25. DATE RECD. BY LOCAL REG. 4-12-60	26. REGISTRAR'S SIGNATURE Janner				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Moore

APR 27 1960

STATEMENT BY LICENSED EMBALMER APR 27 1960

MAY 23 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Forrest D. Caldwell*

Licensed Embalmer No. *4714*

P. O. Address *K. E. W. Co.*

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.