

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037236

FILED VS

OCT 11 1960

357

Primary Registration District No. 4525

Registrar's No. 171

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri		b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Milo		Length of stay in 1b 76 years		c. CITY OR TOWN Milo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None	

3. NAME OF DECEASED (Type or print) First Middle Last John William Danley			4. DATE OF DEATH Month Day Year September 20 1960		
5. SEX M	6. COLOR OR RACE Wh	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-10-1884	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Milo Missouri USA	
13a. FATHER'S NAME John Jonathan Danley		13b. MOTHER'S MAIDEN NAME Jane Kibler		14. NAME OF HUSBAND OR WIFE -----	
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. No		17. INFORMANT Address Mrs. Anna Moore Milo, Missouri	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Metastatic carcinoma of neck and chest		4 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Primary carcinoma right parotid	18 mos.
	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	
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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 **Nov. 30, 1959**, to **Sept. 20, 1960** and last saw ^{her} him alive on **May 3, 1960**
Death occurred at **Milo, Missouri** **A**m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>R. B. Wray</i> R. B. Wray, M.D.	22b. ADDRESS Moore Bldg., Nevada, Missouri	22c. DATE SIGNED 9/24/'60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE September 23 1960	23c. NAME OF CEMETERY OR CREMATORY Milo Cemetery	23d. LOCATION (City, town, or county) (State) Milo Missouri
24. FUNERAL DIRECTOR Ferry Funeral Home	ADDRESS Nevada, Missouri	25. DATE RECD. BY LOCAL REG. Oct 6, 1960	26. REGISTRAR'S SIGNATURE <i>Mrs Ruth Faith</i>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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 James Douglas Green

Licensed Embalmer No. 5099

P. O. Address NEVADA, N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.