

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022935
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 182 Primary Registration District No. 4296 Registrar's No. 8

FILED MAY 24 1963

VS 300 Rev. 4/59					
1 <u>1050</u>	DATE AMENDED				
2 <u>1050</u>					
3					
4 <u>0</u>					
5 <u>1</u>					
6					
7 <u>0</u>					
8 <u>2</u>					
9 <u>420.1</u>					
10					
11					
12 <u>90-2</u>					
13 <u>1-0</u>					
	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS				
	INSTEAD OF				
	SHOULD READ				
	BY AFFIDAVIT OF				

1. PLACE OF DEATH a. COUNTY Sullivan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Sullivan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Browning		Length of stay in '1b	c. CITY OR TOWN Browning		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Browning, Mo.	
3. NAME OF DECEASED (Type or print) First John Middle C Last Daniels			4. DATE OF DEATH Month May Day 15 Year 63		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/1/93	9. AGE (last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Thomas A. Daniels		13b. MOTHER'S MAIDEN NAME Nancy E. Franklin		14. NAME OF HUSBAND OR WIFE Edith C Daniels	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no		16. SOCIAL SECURITY NO. 8	17. INFORMANT Edith Daniels		Address: Browning, Mo
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) Coronary Embolus					Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Arteriosclerosis					UNKNOWN
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 day: <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 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 <u>May 15 1963</u> to <u>May 15 1963</u> and last saw him alive on <u>May 15 63</u> . Death occurred at <u>11:45 P.M.</u> m. of the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W.H. Payne, D.O.			22b. ADDRESS Browning, Mo.		22c. DATE SIGNED 5-16-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/18/63	23c. NAME OF CEMETERY OR CREMATORY Knifong Cem		23d. LOCATION (City, town, or county) (State) Browning, Mo.	
24. FUNERAL DIRECTOR Wade Funeral Home			ADDRESS Browning, Mo	25. DATE RECD. BY LOCAL REG. 5/21/63	26. REGISTRAR'S SIGNATURE Laveria M. Mace

USE BLACK INK OR TYPEWRITER RIBBON

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

Gerald T. Wade

Licensed Embalmer No. 4172

P. O. Address

Brown

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.