

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037001

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 132

STATE FILE NUMBER

FILED OCT 14 1963

1. PLACE OF DEATH
 a. COUNTY Newton
 b. CITY (if outside corporate limits, give TOWNSHIP only) Neosho Length of stay in lb 4 Months
 c. CITY OR TOWN Neosho Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) Route #5 Reside on Farm Yes No

3. NAME OF DECEASED First Barton Middle J. Last Daniels 4. DATE OF DEATH Month Oct Day 8 Year 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11-2-1878 9. AGE (last birthday) 85 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Joplin, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Marmaduke Daniels 13b. MOTHER'S MAIDEN NAME Julia Hollifield 14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. [Redacted] 17. INFORMANT Paul Daniels, Neosho, Mo Address

18. CAUSE OF DEATH (Enter only one cause per line)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 wk
 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) R
 PART III. If deceased was female was there a pregnancy in last 90 days? Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 3-9-63 to 10-8-63 and last saw him/her alive on 10-8-63
 Death occurred at 3:17 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul B Anderson M.D. (Degree or title) 22b. ADDRESS Neosho, Missouri 22c. DATE SIGNED 10-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-11-1963 23c. NAME OF CEMETERY OR CREMATORY Kinney Cemetery 23d. LOCATION (City, town, or county) (State) 7 Miles No, Neosho, Mo

24. FUNERAL DIRECTOR Clark Funeral Home ADDRESS Neosho, Mo 25. DATE RECD. BY LOCAL REG. 10-9-63 26. REGISTRAR'S SIGNATURE Daydene Belka

DO NOT WRITE ON THIS STUB

AMENDED

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

