

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037110
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 331

DO NOT WRITE ON THIS STUB

AMENDED

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Pettis | b. CITY (If outside corporate limits, give TOWNSHIP only) Sedalia | a. STATE Mo. | b. COUNTY Benton |
| Length of stay in 1b. 2 weeks | | c. CITY OR TOWN WARSAW, Mo. | Inside Limits: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF DECEASED (If NOT in hospital, give location) Bathwell Hospital | | d. STREET ADDRESS (If outside, give location) | Reside on Farm: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|-------------------------------------|----------------------------------|---|-------------------------------------|-------------------------------------|---|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | |
| First: William | Middle: Lee | Last: McDaniel | Month: Sept. | Day: 11 | Year: 1963 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7/5/1889 | 9. AGE (last birthday) 73 | IF UNDER 1 YEAR: Months 8 Days 26 |

| | | | |
|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COMMANDER HORABEE MILLS | 10b. KIND OF BUSINESS OR INDUSTRY GRAIN MILLER | 11. BIRTHPLACE (City and state or country) Independence, Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME LAKE McDaniel | 13b. MOTHER'S MAIDEN NAME MARTHA | 14. NAME OF HUSBAND OR WIFE Ellen (Deceased) | |

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service)
NO

17. INFORMANT
Forest West, Warsaw, 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) **Cancer of Bladder**

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.
 Yes No Unknown

| | | | |
|---|---|--|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 **July 1963** to **Sept 11 1963** and last saw her/him alive on **Sept 11 1963**
Death occurred at **8:30 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
John B. Rogers

22b. ADDRESS
Smithton, Mo.

22c. DATE SIGNED
Sept 14 '63

| | | | |
|---|-----------------------------------|------------------------------------|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| BURIAL | Sept 14, 1963 | Riverside Cemetery | WARSAW, Benton, Mo. |
| 24. FUNERAL DIRECTOR | 25. DATE RECD. BY LOCAL REG. | | 26. REGISTRAR'S SIGNATURE |
| John F. Roster | Warsaw, Mo. Sept. 27, 1963 | | Frances Shelby A. Anderson |

(Licensed Embalmer's Statement on Reverse Side)

VS 300
Rev. 4/59

1 0808

2 0080

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13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

No permit issued

OCT 2 1963

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

John F. Reser

Licensed Embalmer No.

4098

P. O. Address

Warsaw

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.