

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13860**

0660
1

BIRTH NO. _____ REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 4333 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksburg, Mo</u>		c. LENGTH OF STAY (In this place) <u>20 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksburg, Mo</u>		<u>Moreau, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clarksburg, Mo</u>			d. STREET ADDRESS (If rural, give location) <u>Clarksburg, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Josephine</u>		c. (Last) <u>McDaniel</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 17 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 26 1860</u>		9. AGE (In years last birthday) <u>89</u> IF UNDER 1 YEAR: Months <u>3</u> Days <u>22</u> IF UNDER 12 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Davis</u>		
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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Retha M. McDaniel</u>		ADDRESS <u>Calif. Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis with Myocardial Degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arteriosclerosis and Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 + yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clarksburg Moniteau Missouri</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>10-29-1947</u> , to <u>4-16-1950</u> , that I last saw the deceased alive on <u>4-16-1950</u> , and that death occurred at <u>10/45A</u> m., from the causes and on the date stated above.						
23a. SIGNATURE <u>R.B. Fulk, M.D.</u> (Degree or title)			23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>4-19-50</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/20/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarksburg, Cemt.</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksburg, Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-20-50</u>		REGISTRAR'S SIGNATURE <u>Birdie Sturgis</u> <u>200</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl A. Bondin</u> ADDRESS <u>California, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number _____
District Health Officer No. 9
RECEIVED
APR 22 1950

APR 22 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Earl R. Bonnier

Licensed Embalmer No. 2126

P. O. Address California

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 this body is not embalmed, fact should be so stated above.