

FILED MAR 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4376

BIRTH NO. REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Cooper</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>Rural Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo</u> <u>Walker</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home for Aged</u> <u>5</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>McDaniel</u> c. (Last) <u>McDaniel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4. 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar 27. 1873</u>
9. AGE (in years last birthday) <u>75</u>		10. AGE (in years last birthday) <u>75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</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>Hitam L McDaniel</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Johnston</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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 ADDRESS <u>Rev. Luan Dameron Clarkburg 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>about 1 year</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio renal disease</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>

22. I hereby certify that I attended the deceased from Jan 7, 1949, to Jan 24, 1949, that I last saw the deceased alive on Jan 24, 1949, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. L. Latham M.D.</u>	(Degree or title)	23b. ADDRESS <u>California Mo.</u>	23c. DATE SIGNED <u>2-4-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/6/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cent</u>	24d. LOCATION (City, town, or county) (State) <u>West of Jamestown, MO</u>
DATE REC'D BY LOCAL REG. <u>Feb 5-1949</u>	REGISTRAR'S SIGNATURE <u>W. Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Douglas P. H. California</u>	ADDRESS <u>—</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-10-49

NOV 28 1955

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 \_\_\_\_\_

James M. Foley

Student Embalmer No. 219

working under my personal supervision.

Signed James M. Foley  
Student Embalmer

Signed Earl R. Boulton

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.