

STANDARD CERTIFICATE OF DEATH

State File No. **4182**

BIRTH NO. **FILED MAR 1 1954** REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **57**

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Monteale			
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. LENGTH OF STAY (in this place) 2 yrs		c. CITY OR TOWN Jamestown	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no 1		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) Ora		a. (First)		b. (Middle)	
				c. (Last) McDaniel	
4. DATE OF DEATH Feb 24 1954		(Month)		(Day) (Year)	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH Apr 14 1876		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Days 70 IF UNDER 4 HRS. Hours 10 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no		10b. KIND OF BUSINESS OR INDUSTRY no		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME John McDaniel		13b. MOTHER'S MAIDEN NAME Lisa Wilson	
14. NAME OF HUSBAND OR WIFE never married		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME S H Less		ADDRESS Jamestown Mo			

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) Bronchopneumonia				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fracture left femur					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9037 44					

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) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) the hospital here		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Fulton Callaway (STATE) Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 15 1954 4:10 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? pt fell to floor			
22. I hereby certify that I attended the deceased from Oct 10, 1953, to Feb 24, 1954 , that I last saw the deceased alive on Feb 24, 1954 , and that death occurred at 11:15 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J R Hunter M.D.				23b. ADDRESS Fulton Mo		23c. DATE SIGNED Feb 24 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Feb 27, 1954		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Jamestown Mo	
DATE REC'D BY LOCAL REG. Feb 25-1954		REGISTRAR'S SIGNATURE Maretta Lawrence 426-0		25. FUNERAL DIRECTOR'S SIGNATURE Carl P. Bowlin ADDRESS California, Mo.			

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..... *Jack H. Boehlin*

Licensed Embalmer No. *4933*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.