

FILED FEB 1 1949

STANDARD CERTIFICATE OF DEATH.

State File No. 2392

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 311

1. PLACE OF DEATH. a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LEADINGTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CANTWELL</u>	
c. LENGTH OF STAY (in this place) <u>2 MONTHS</u>		d. STREET ADDRESS (If rural, give location) <u>CANTWELL MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEADINGTON, MO.</u>		e. STREET ADDRESS (If rural, give location) <u>CANTWELL MO.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>Mc DANIEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 22 1949</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. 19 1878</u>
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>1</u>	11. DAYS <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHAR OF HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>NASHVILLE TENN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BENJAMIN HARRINGTON</u>		13b. MOTHER'S MAIDEN NAME <u>MARANDA HARRINGTON</u>	
14. NAME OF HUSBAND OR WIFE <u>JOHN Mc DANIEL</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 <u>MRS. LEWIS BOWERS</u> ADDRESS <u>Leadington 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Arising in Dermoid Cyst right ovary</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>175 X</u>	
19a. DATE OF OPERATION <u>Nov 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Dermoid Cyst RT. Ovary with Malignant Change</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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>Oct 30, 1948</u> , to <u>Jan 22, 1949</u> , that I last saw the deceased alive on <u>Jan 22, 1949</u> and that death occurred at <u>2:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. L. Foster</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Desloge Mo</u>	
23c. DATE SIGNED <u>1-24-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>1-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>NEAR FARMINGTON MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. G. Boyer</u> ADDRESS <u>Desloge, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-25-1949</u>		REGISTRAR'S SIGNATURE <u>Ethel R. Rudolph</u>	

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

RECEIVED

Health Officer No. 4
District File Number 149-161
Date Filed 1-31-49

FEB 10 1949

APR 2 1956

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
Student Embalmer

Signed J. T. Doyes

Licensed Embalmer No. 3660

P. O. Address Nealogue, Mo.

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.

572