

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003064

FILED VS. FEB. 2 1960 316

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 32

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give town or village) OR TOWN NEAR LEADINGTON		c. CITY OR TOWN NEAR LEADINGTON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NEAR LEADINGTON		d. STREET ADDRESS NONE	

3. NAME OF DECEASED (Type or print) First Middle Last JAMES JESSE M^c DANIEL			4. DATE OF DEATH Month Day Year JAN 26, 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH FEB 21, 1897	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or one retired) RETIRED CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY CARPENTER		11. BIRTHPLACE (City and state or country) NEAR FARMINGTON	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Philip M^c DANIEL		13b. MOTHER'S MAIDEN NAME SARAH BURGESS M^c DANIEL	
14. NAME OF HUSBAND OR WIFE MAGGIE M^c DANIEL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 497-01-9004	
17. INFORMANT MRS. M^c DANIEL		Address At R B Farmington			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis.		INTERVAL BETWEEN ONSET AND DEATH Unknown
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.	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 **April 23, 1957** to **Jan. 9, 1960** and last saw him alive on **Jan. 9, 1960**.
Death occurred at **7:30** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Jack Whitten</i> (Degree or title)		22b. ADDRESS Bonne Terre, Missouri		22c. DATE SIGNED 1-27-60
23a. BURIAL, CREMATION, OR OTHER DISPOSITION BURIAL	23b. DATE JAN 28, 1960	23c. NAME OF CEMETERY OR CREMATORY St. Francois Memorial Park	23d. LOCATION (City, town, or county) (State) NEAR Bonne Terre, MO	
24. FUNERAL DIRECTOR B. Caldwell & SON	ADDRESS FLAT RIVER, MO	25. DATE RECD. BY LOCAL REG. JAN. 27, 1960	26. REGISTRAR'S SIGNATURE <i>Catherine Redloff</i>	

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Donald Dale Caldwell. Student Embalmer No. 587

working under my personal supervision.

Student Donald Dale Caldwell Signed R. Caldwell
Signature of Student Embalmer

Licensed Embalmer No. 253

P. O. Address Flat R W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.