MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DEFILED09 64316 Registration District No. 3059 Registrar's No. 463 **0045785** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0941
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: ST FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BONNE TERRE. — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: AT HOME — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: ST FRANCOIS
c. CITY OR TOWN: BONNE TERRE — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 411 DIVISION ST — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: MAGGIE Middle: Last: MC DANIEL

4. DATE OF DEATH: Month: Nov. Day: 25 Year: 1964

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: AUG 24, 1882

9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): ST FRANCOIS - CO. MO

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: ALFRED MOORE

13b. MOTHER'S MAIDEN NAME: ADDIE MC HENRY

14. NAME OF HUSBAND OR ~~WIFE~~: JESSE MC DANIEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 497-01-9004

17. INFORMANT Address: MARGARET FAENGER, BONNE TERRE, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Generalized arteriosclerosis	many yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Diabetes mellitus	many yrs.
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Vesicovaginal fistula

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 7-9-60, to 11-25-64 and last saw her alive on 11-2-64

Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature]

22b. ADDRESS: Bonne Terre, Mo.

22c. DATE SIGNED: 11-27-64

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 11/27/64

23c. NAME OF CEMETERY OR CREMATORY: ST FRANCOIS MEMORIAL PARK

23d. LOCATION (City, town, or county) (State): NEAR BONNE TERRE, MO. 1964

24. FUNERAL DIRECTOR ADDRESS: CALDWELL & SONS FLAT RIVER, MO.

25. DATE RECD. BY LOCAL REG.: Nov. 27, 1964

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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 David P. Caldwell

Licensed Embalmer No. 5184

P. O. Address Flat River, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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