

STANDARD CERTIFICATE OF DEATH

32781

FILED SEP 28 1953

State File No.

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| BIRTH NO. <u>124</u> | | REG. DIST. NO. <u>316</u> | | PRIMARY REG. DIST. NO. <u>3060</u> | | Registrar's No. <u>319</u> | | | |
| 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 town) <u>Farmington</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Farmington</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>725 Dewey St. Farmington</u> | | | | e. STREET ADDRESS (If rural, give location) <u>725 Dewey St. Farmington, Mo.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Cora</u> | | b. (Middle) <u>Belle</u> | | c. (Last) <u>McDaniel</u> | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Dec. 1, 1872</u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>George Craft</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Lynch</u> | | 14. NAME OF HUSBAND OR WIFE <u>Isaac B. McDaniel</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Joe Tinker, Farmington, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Terminal Impairment Failure</u> | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>General Arteriosclerosis</u> | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> | | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4-200</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 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) | | 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>9</u> , 19 <u>52</u> , <u>9-20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-20</u> , 19 <u>53</u> , and that death occurred at <u>7:30 Pm.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>F. Richard Crouch, M.D.</u> | | | | 23b. ADDRESS <u>Farmington, Mo.</u> | | 23c. DATE SIGNED <u>9-21-53</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept. 23, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem. RFD</u> | | 24d. LOCATION (City, town, or county) (State) <u>3 Farmington, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Sept. 21, 1953</u> | | REGISTRAR'S SIGNATURE <u>Ether Rudloff</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cozean Funeral Home, Farmington, Mo.</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
W. Cozlar

Licensed Embalmer No. *40*

P. O. Address *Farming*

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