

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024240
STATE FILE NUMBER

FILED JUL 14 1958		Registration District No. 324		Primary Registration District No. 3012		Registrar's No. 109	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN California		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon hospital		Length of stay in 1b		d. STREET ADDRESS 308 South oak St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Edward Middle Roy Last McDaniel				4. DATE OF DEATH Month July Day 8th Year 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Aug. 29, 1891	9. AGE (In years last birthday) 66	10. FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard, Retired		10b. KIND OF BUSINESS OR INDUSTRY Penitentiary		11. BIRTHPLACE (City and state or country) Moniteau County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Calvin McDaniel		13b. MOTHER'S MAIDEN NAME Rosie Lehr		14. NAME OF HUSBAND OR WIFE -----			
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. 49I-24-459I		17. INFORMANT Address Mrs Linvell H. Amos, Mexico Mo. R. # I			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Chest. Auto Collision						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hr.	
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)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) Two cars ran head on					
20c. TIME OF INJURY Hour 8:30 a.m. Month, Day, Year 7-8-58							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Intersection of 41-240 Hwy		20f. CITY, TOWN, OR LOCATION Marshall		STATE Mo.	
21. I attended the deceased from <u>9:00</u> to <u>10:30</u> on <u>7-8-58</u> and last saw her alive on <u>7-8-58</u>		Death occurred at <u>10:30</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. L. Lawler M.D. Coroner Saline Co		(Degree or title)		22b. ADDRESS Marshall Mo.		22c. DATE SIGNED 7-9-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 9, 1958		23c. NAME OF CEMETERY OR CREMATORY Proctor cemetery		23d. LOCATION (City, town, or county) (State) California Missouri	
24. FUNERAL DIRECTOR Campbell-Lewis, Marshall Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 7-9-58		26. REGISTRAR'S SIGNATURE Ceil D. Read	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUL 1 5 1958

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 

Licensed Embalmer No.

P. O. Address

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.