

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34427**

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **4022** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Richmond		c. CITY OR TOWN Rayville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles west of Richmond H10		f. STREET ADDRESS (If rural, give location) Route 2	

3. NAME OF DECEASED (Type or Print)	a. (First) WILBUR	b. (Middle) LEE	c. (Last) McDANIEL	4. DATE OF DEATH (Month) (Day) (Year) October 15, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 19, 1933	9. AGE (In years last birthday) 22	10. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) Elmira, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) Elmira, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Howard V. McDaniel	13b. MOTHER'S MAIDEN NAME Frances May McKinney	14. NAME OF HUSBAND OR WIFE Ramona Lubsy McDaniel
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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. 198-32-6510	17. INFORMANT'S SIGNATURE OR NAME Howard V. McDaniel, Excelsior Springs, Mo.	ADDRESS Excelsior Springs, Mo.
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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, ashenia, 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) Heart broken, Body Crushed		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) automobile wreck		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1st way	21c. (CITY, TOWN, OR TOWNSHIP) Richmond (COUNTY) Ray (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-15-55-7 A.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? car hit an abutment

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Dr. J. F. Baker, Coroner	23b. ADDRESS Richmond Mo	23c. DATE SIGNED 10-15-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 17, 1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) Marceline, Mo.		(State)

DATE REC'D BY LOCAL REG. Oct 17-1955	REGISTRAR'S SIGNATURE Mabel Jackson	25. FUNERAL DIRECTOR'S SIGNATURE Prichard Funeral Home	ADDRESS Excelsior Springs, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

201 65 000

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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, ~~SEX~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wm. L. Thurman*.....

Licensed Embalmer No. 4563.....

P. O. Address Richmond, 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.