MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

0005253

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 159 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED FEB 17 1964

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1409 South 10th — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1409 South 10th — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Harrison Middle: Last: Daniels

4. DATE OF DEATH: Month, Day, Year: January 20, 1964

5. SEX: male

6. COLOR OR RACE: white

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-3-78

9. AGE (last birthday): 85

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): retired employe

10b. KIND OF BUSINESS OR INDUSTRY: candy company

11. BIRTHPLACE (City and state or country): Andrew County, Mo.

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Lemiel Daniels

13b. MOTHER'S MAIDEN NAME: Lottie James

14. NAME OF HUSBAND OR WIFE: Naomi Daniels

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.: - - -

17. INFORMANT: Naomi Daniels, Address: 1409 S. 10th St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gastrointestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days
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. ☐ Yes ☐ No ☐ Unknown

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 1/7/64 to 1/20/64 and last saw her him alive on 1/20/64
Death occurred at 1:10 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

MEDICAL CERTIFICATION

22a. SIGNATURE: H.A. Curran (Degree or title): MD — 22b. ADDRESS: 1302 Faraon St Joseph Mo — 22c. DATE SIGNED: 2/12/64

23a. BURIAL, CREMATION, REMOVAL (Specify): removal — 23b. DATE: 1-20-64 — 23c. NAME OF CEMETERY OR CREMATORY: Savannah Cemetery — 23d. LOCATION (City, Town, or County) (State): Savannah, Missouri

24. FUNERAL DIRECTOR: Breit & Hawkins — ADDRESS: Savannah — 25. DATE RECD. BY LOCAL REG.: Feb. 14, 1964 — 26. REGISTRAR'S SIGNATURE: Mrs. Clark Randall

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 1-20-64

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 James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

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.