

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019341

STATE FILE NUMBER

FILED MAY 20 1958

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 48

S. 300
v. 1-57

890

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) Richmond Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Richmond
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mile S. Richmond		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 2 mile S. Richmond
3. NAME OF DECEASED (Type or print) First CECIL Middle DANNER Last DANNER			4. DATE OF DEATH Month May Day 15 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 28, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 54
13a. FATHER'S NAME Henry Keller		13b. MOTHER'S MAIDEN NAME Elizabeth Wells	11. BIRTHPLACE (City and state or country) Henrietta, Missouri
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. 495-24-4598	12. CITIZEN OF WHAT COUNTRY? USA
17. INFORMANT Address Ernest Davis, Wellington, Mo.			14. NAME OF HUSBAND OR WIFE Coleman Danner
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wounds of chest and abdomen, on back			INTERVAL BETWEEN ONSET AND DEATH subham
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			981X
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 type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Gunshot wounds of chest and abdomen.		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	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.)		20f. CITY, TOWN, OR LOCATION Ray County, Missouri	
21. I attended the deceased from _____ to _____ and last saw ^{her} _{him} alive on _____ Death occurred at 11:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thomas B. Coody M.R. Coran 3		22b. ADDRESS Richmond, Missouri	
22c. DATE SIGNED 5/16/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-17-1958	23c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery	23d. LOCATION (City, town, or county) (State) Richmond, Missouri
24. FUNERAL DIRECTOR Thomas J. Carter		ADDRESS Richmond, Mo	25. DATE RECD. BY LOCAL REG. 5-18-1958
		26. REGISTRAR'S SIGNATURE Malcol Jackson	

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 *Thomas J. Carter*

Licensed Embalmer No. *4474*

P. O. Address *Richmond*

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.