

FILED SEP 26 1949

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32707

BIRTH NO.		REG. DIST. NO. 335		PRIMARY REG. DIST. NO. 6118		Registrar's No. 31			
1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SCOTT					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SYLVANIA TOWNSHIP		c. LENGTH OF STAY (In this place) 4 MONTH		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SYLVANIA TOWNSHIP		3			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R. F. D. #1 ORAN MO. /				d. STREET ADDRESS (If rural, give location) R. F. D. #1 ORAN, MO.					
3. NAME OF DECEASED (Type or Print) NICHOLAS			a. (First)		b. (Middle)		c. (Last) DANNENMUELLER		
4. DATE OF DEATH JULY 22 1949		4. DATE (Month) (Day) (Year)		9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 7		IF UNDER 24 HRS. Days 0	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DECEMBER 22 1861		11. BIRTHPLACE (State or foreign country) NEW HAMBURG, MISSOURI	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) NEW HAMBURG, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JOSEPH DANNENMUELLER			13b. MOTHER'S MAIDEN NAME MARTHA WERHLE			14. NAME OF HUSBAND OR WIFE MARY C. DANNENMUELLER			
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'S SIGNATURE OR NAME ALBERT DANNENMUELLER		ADDRESS ORAN, MO.		
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, asphyxia, etc. It means the disease, injury, or complications which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-renal failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis, mural thrombi DUE TO (c) fractured right hip				INTERVAL BETWEEN ONSET AND DEATH 4 months 4 months 6 months 4500	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (Minute)		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 March 1949, to July 22nd 1949, that I last saw the deceased alive on July 21st, 1949, and that death occurred at 6:20 P.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Dr. Jacques C. Burt				23b. ADDRESS D.O. Oran, Mo.			23c. DATE SIGNED 7/27/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE JULY 25 1949		24c. NAME OF CEMETERY OR CREMATORY NEW GUARDIAN ANGELS		24d. LOCATION (City, town, or county) ORAN SCOTT		(State) MO.	
DATE RECD BY LOCAL REG. 9/1/49		REGISTRAR'S SIGNATURE H. B. MacCreary		25. FUNERAL DIRECTOR'S SIGNATURE Carl J. Smith		ADDRESS Oran, Mo.			

SEP 15 1949

RECEIVED

District Health Office No. 2

District File Number 949-921

Date Filed _____

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.

Signed _____

Earl J. Smith

Signed _____

Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Ora, 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 this body is not embalmed, fact should be so stated above.