

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9462

State File No.

540

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4266 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellington</u>	
c. LENGTH OF STAY (in this place) <u>50 yr</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>William</u> c. (Last) <u>Danner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 21, 1864</u>
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Simon Danner</u>	
13b. MOTHER'S MAIDEN NAME <u>Louisa (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Danner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cora Danner Wellington, Missouri</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Postrenal Uremia</u> DUE TO (c) <u>Carcinoma of Bladder</u> 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	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>		19d. INTERVAL BETWEEN ONSET AND DEATH <u>6 Weeks</u>	
19e. INTERVAL BETWEEN ONSET AND DEATH <u>3 Years</u>		19f. INTERVAL BETWEEN ONSET AND DEATH <u>181X</u>	
19g. (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) (m.)	
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 <u>Dec. 24, 1949</u> , to <u>Jan. 17, 1950</u> , that I last saw the deceased alive on <u>Jan. 14, 1950</u> and that death occurred at <u>10:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Wellington, Mo.</u>	
23c. DATE SIGNED <u>1-20-50</u>		23d. LOCATION (City, town, or county) (State) <u>Wellington, Missouri</u>	
24a. BIRTH, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 17, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Arnold Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wellington, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 17, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Wellington, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 17
District Health Officer No. 8.

District File Number _____

Date Filed 3-22-50

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 _____
Student Embalmer

Signed J. Clair Shppard

Licensed Embalmer No. 4179

P. O. Address Wellington, 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.