

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22719**

FILED JUL 28 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RICH HILL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RICH HILL 0070</u>	
c. LENGTH OF STAY (in this place) <u>70 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>410 E. POPLAR ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>410 E POPLAR ST.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>DANNER.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY-21-1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>SEPT-13-1857</u>		9. AGE (In years last birthday) <u>92</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE.</u>	
11. BIRTHPLACE (State or foreign country) <u>DAVIS COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>WM. HOGSTON.</u>		13b. MOTHER'S MAIDEN NAME <u>PERNESIA FIELDS.</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK 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>NONE.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Janna West-Rich Hill, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.				DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				410X	
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	
19a. DATE 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) (Min.)		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 July 1, 1950 to July 21, 1950, that I last saw the deceased alive on July 8, 1950, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Rich Hill, Mo</u>		23c. DATE SIGNED <u>July 23/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 23-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN</u>	
24d. LOCATION (City, town, or county) (State) <u>RICH HILL, MO</u>					

DATE REC'D BY LOCAL REG. <u>July 26, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
				ADDRESS <u>North Funeral Home, Rich Hill, Mo</u>	

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

0070

RECEIVED 7-27-52  
DISTRICT HEALTH OFFICE No. 8  
District File Number \_\_\_\_\_  
Date Filed 7-27-52

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed Robert G. Steinsch

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler, 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.