

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26051

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 967

| | | | | | | |
|--|---|---|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph | | c. LENGTH OF STAY (In this place) 4 1/2 Hours | c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph | | 0117 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp. | | | d. STREET ADDRESS (If rural, give location) 2410 Oak Street | | | |
| 3. NAME OF DECEASED (Type or Print) John Francis | | a. (First) | b. (Middle) Francis | c. (Last) Danaher | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 25 1950 | |
| 5. SEX Male <input checked="" type="radio"/> | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 13, 1916 | 9. AGE (In years last birthday) Months Days 34 | IF UNDER 1 YEAR Hours Min. | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY Dollie Madison Cake Co. | | 11. BIRTHPLACE (State or foreign country) St. Joseph, Mo. <input checked="" type="radio"/> | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME James Danaher | | 13b. MOTHER'S MAIDEN NAME Augusta Ellis | | 14. NAME OF HUSBAND OR WIFE Betty | | |
| 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. 500-07-3153 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Betty Danaher 2410 Oak St. | | | |
| 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>Skull Fracture</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Fracture left mandible; Fracture of ribs; Laceration left arm; Multiple abrasions.</u> Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hours</u> <u>7:00 PM</u> <u>25</u> <u>4 1/2 hrs</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway near 2 mi. W of Wathena, Douglas, Kansas</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph, Mo., Kansas</u> | | | |
| 21d. TIME OF INJURY <u>Early AM 8/25/50</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR <u>Struck by truck 815</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>8/25, 1950</u> to <u>8/25, 1950</u> that I last saw the deceased alive on <u>8/25, 1950</u> and that death occurred at <u>11:30 AM</u> from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. Redmond, MD</u> | | | 23b. ADDRESS <u>St. Joseph, Mo.</u> | | 23c. DATE SIGNED <u>8/25/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8-28-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Aug. 28, 1950</u> | REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u> | | 382 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman W. Hidenfaden 1802 Union St</u> | | |

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

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. _____

P. O. Address _____

3308

St Joseph, 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.