

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **15454**
 Registrar's No. **126**

BIRTH NO. _____ **REG. DIST. NO.** 1 **PRIMARY REG. DIST. NO.** 3000

1. PLACE OF DEATH
 a. COUNTY Adair

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Mo b. COUNTY Scotland

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville c. LENGTH OF STAY (In this place) 3 days

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arbela Mo

d. FULL NAME OF HOSPITAL OR INSTITUTION Loughlin Hospital d. STREET ADDRESS (If rural, give location) 0990

3. NAME OF DECEASED
 a. (First) Frederica b. (Middle) Dannenhauer c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) April 26 1951

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widow

8. DATE OF BIRTH Oct 18 1864 **9. AGE** (In years) (Months) (Days) (Hours) (Min.) 86 6 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** _____

11. BIRTHPLACE (State or foreign country) Whittenburg Germany **12. CITIZEN OF WHAT COUNTRY?** U.S.

13a. FATHER'S NAME John Wiede **13b. MOTHER'S MAIDEN NAME** Margolena **14. NAME OF HUSBAND OR WIFE** Chris Dannenhauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** Harry Dannenhauer **ADDRESS** Memphis 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 complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertension Cardiovascular Disease

ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Hypertension

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
443X

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from April 24, 1951, to April 26, 1951, that I last saw the deceased alive on April 26, 1951, and that death occurred at 11:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. J. Rhoads, D.O. **23b. ADDRESS** Kirksville Mo **23c. DATE SIGNED** 5-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** April 29 1951 **24c. NAME OF CEMETERY OR CREMATORY** Hickory Grove **24d. LOCATION** (City, town, or county) (State) Arbela Mo

DATE REC'D BY LOCAL REG. 5-12-50 **REGISTRAR'S SIGNATURE** Hate Lambert **25. FUNERAL DIRECTOR'S SIGNATURE** Guthie Baskett **ADDRESS** Memphis Mo

(Licensed Embalmer's Statement on Reverse Side)

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

2013
 0

Date Received: MAY 22 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-57-972
Date Filed: MAY 22 1951

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 Albert C Guth

Licensed Embalmer No. 4257

P. O. Address Memphis 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.