

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

984

State File No.

BIRTH NO.		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4198</u>		Registrar's No. <u>15</u>		
1. PLACE OF DEATH a. COUNTY <u>Gentry Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gentry Co.</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King city</u>		c. LENGTH OF STAY (in this place) <u>64 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King city</u>		<u>0380</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) <u>ca</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hiram</u>			b. (Middle) <u>Danbury</u>			c. (Last) <u>Danbury</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>1.17.1953</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>10.5.1872</u>		
9. AGE (In years last birthday) <u>80</u>		If under 1 year Months <u>3</u> Days <u>12</u>		If under 24 hrs. Hours <u> </u> Min. <u> </u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal, Feed Dealer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Manchester England</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Charles Danbury</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Edmonson</u>			14. NAME OF HUSBAND OR WIFE <u>Lucinea C. Danbury</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>Lucinea C. Danbury</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Coronary Thrombosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>1-12</u> ^{<u>1953</u>} , to <u>1.17.1953</u> , that I last saw the deceased alive on <u>1-12</u> , ^{<u>1953</u>} , and that death occurred at <u>4:20 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>E. Backlund M.D.</u>				23b. ADDRESS <u>King city Mo.</u>		23c. DATE SIGNED <u>1.21.53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1.22.1953.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King city</u>		24d. LOCATION (City, town, or county) (State) <u>King City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-26-53</u>		REGISTRAR'S SIGNATURE <u>Maude Williams</u>		462 REG. NO. <u>462</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. A. Jaggard</u>		
						ADDRESS <u>King city Mo.</u>		

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

0380
1

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

R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.