

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5178

5178

15

FILED FEB 16 1953

BIRTH NO. REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5278 Registrar's No. 15

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

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jackson Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> OR TOWN <u>0230</u>	
c. LENGTH OF STAY (In this place) <u>57 years</u>		d. STREET ADDRESS (If rural, give location) <u>Jackson Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Francis</u> b. (Middle) <u>Edward</u> c. (Last) <u>Danker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-3-53</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>12-1-1895</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Raising</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clark Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Henry Danker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Shuman</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Amy + Mattie Danker</u> ADDRESS <u>Kahoka Mo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u> ANTECEDENT CAUSES <u>Coronary Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>or Thrombosis</u> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
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 <u>420g</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 1-1-50 to 2/3-, 1953 that I last saw the deceased alive on 1-31-, 1953 and that death occurred at 9:15 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Bridgus MD</u>		23b. ADDRESS <u>Kahoka Mo</u>		23c. DATE SIGNED <u>2/9-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Patrick Clark Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>2/9-53</u>		REGISTRAR'S SIGNATURE <u>J. Bridgus</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Karle</u> ADDRESS <u>Kahoka</u>	
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**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 \_\_\_\_\_

*Fred J. Karle*

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.