

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 4-1953

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5839 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural</u>	c. LENGTH OF STAY (in this place) <u>9rs</u>	c. CITY OR TOWN <u>Neosho</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Granby R.F.D.</u>		e. STREET ADDRESS (If rural, give location) <u>309 S. Hamilton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>W.</u> c. (Last) <u>DAHNKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13. 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>MAY 8. 1883</u>		9. AGE (in years last birthday) <u>70</u> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INS. SALESMAN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>GRANBY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.P.</u>

13a. FATHER'S NAME <u>WILLIAM DAHNKE</u>		13b. MOTHER'S MAIDEN NAME <u>BERTHA BERTH</u>		14. NAME OF HUSBAND OR WIFE <u>MONTEZ HARRIS DAHNKE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>489-24-6292</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MONTEZ DAHNKE NEOSHO MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u>		
	DUE TO (c)		
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>4201</u>		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)		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 1-5, 1953 to 11-13, 1953 that I last saw the deceased alive on 11-13, 1953 and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>An Pedavis MD</u> (Degree or title) (C)		23b. ADDRESS <u>124 1/2 S. Ward Neosho Mo</u>		23c. DATE SIGNED <u>11-16-53</u>	
---	--	---	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>F.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho Missouri</u>	
---	--	---------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>Nov. 24, 1953</u>		REGISTRAR'S SIGNATURE <u>M. S. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bob Thompson Neosho Mo</u>	
---	--	--	--	--	--

(Licensed Embalmer's Statement of Reverse Side)

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

0730

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. ~~XXXXXXXXXX~~

District File Number 1253-218

Date Filed DEC 3 1953

NEOSHO, MISSOURI

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.....
Signature of Student Embalmer

Signed Carley T. Thompson, Jr.
Licensed Embalmer No. 486

P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.