

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1954

State File No. 4022

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 208
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) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) most of life	c. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Joseph		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 1613 S. 11th St.		
3. NAME OF DECEASED (Type or Print) a. (First) Antone		b. (Middle) _____	c. (Last) Danbach	4. DATE OF DEATH (Month) (Day) (Year) February 20, 1954
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 4, 1883	9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. engineer		10b. KIND OF BUSINESS OR INDUSTRY Baking Company	11. BIRTHPLACE (State or foreign country) Nebraska	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Danbach		13b. MOTHER'S MAIDEN NAME Mary Wagner	14. NAME OF HUSBAND OR WIFE Ella Christine	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 491-10-1123	17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. H. Danbach, 2115 Mitchell Ave., St. Joseph	
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) Multiple Small Strokes Anteriosclerosis Gen DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility		INTERVAL BETWEEN ONSET AND DEATH 1-2 yrs ?
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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) m.	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 2-4 12:10 a.m. to 2-20 1954, that I last saw the deceased alive on 2-19 1954, and that death occurred at 12:10 a.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) J. P. Keiber, M.D.		23b. ADDRESS Kirkpatrick Bldg - St Joseph Mo	23c. DATE SIGNED 2-20-54	
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 2/22/1954	24c. NAME OF CEMETERY OR CREMATORY Abland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Feb 25, 1954	REGISTRAR'S SIGNATURE Nathan M. Allison 485	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton Bowman St Joseph Mo.		

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

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 James R. Hawkins.....

Licensed Embalmer No. 4536

P. O. Address 319 So 10th St. Quesada

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.