

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26774

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>5437</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bourbois Twp.</u>		c. LENGTH OF STAY (In this place) <u>42 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bourbois Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Bland, Mo. Route 0 370</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm home</u>							
3. NAME OF DECEASED (Type or Print) <u>John</u>		a. (First)		b. (Middle)		c. (Last) <u>Danuser</u>	
4. DATE OF DEATH <u>Aug. 15, 1954</u>		(Month)		(Day)		(Year)	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 13, 1866</u>	
9. AGE (In years, last birthday) <u>87</u>		10. MONTHS <u>8</u>		11. DAYS <u>2</u>		12. IF UNDER 1 YEAR: Hours <u>5</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mastil, Kanton Switzerland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Hans Danuser</u>		13b. MOTHER'S MAIDEN NAME <u>Bergan Sutter</u>		14. NAME OF HUSBAND OR WIFE <u>Albertina Stephen Danuser</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Manda Stroud Bland, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocardial Degeneration 2 yrs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</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) (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>3/10, 1954</u> , to <u>8/15, 1954</u> , that I last saw the deceased alive on <u>8/14, 1954</u> , and that death occurred at <u>10:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. H. Schwenker D.O.</u>				23b. ADDRESS <u>Belle, Mo</u>		23c. DATE SIGNED <u>8/17/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-18-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>E &amp; R Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Old Bland, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 18, 1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. Marvin Jappmeyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willard F H Wirth</u>		ADDRESS <u>OWENSVILLE</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

2021 03 10

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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Malcolm H. H. White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.