

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37003

State File No.

FILED DEC 7 1954

BIRTH NO.		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>5443</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>GASCONADE</u>			
b. CITY OR TOWN <u>RURAL ROAD TWP</u>		c. LENGTH OF STAY (in this place) <u>84 yrs</u>		c. CITY OR TOWN <u>RURAL ROAD TWP</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi. SE. of HERMANN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. SE. of HERMANN</u>				d. STREET ADDRESS (If rural, give location) <u>4 mi. SE. of HERMANN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>DANUSER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 13 1954</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>MAR 31-1873</u>	
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>1</u> DAYS <u>14</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</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 (State or foreign country) <u>MISSOURI</u>	
13a. FATHER'S NAME <u>CHRISTIAN DANUSER</u>				13b. MOTHER'S MAIDEN NAME <u>VERENA B. TERMAN</u>		14. NAME OF HUSBAND OR WIFE <u>✓</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)				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LOUISE DANUSER HERMANN 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Symptoms: Coronary Thrombosis</u> ANTECEDENT CAUSES (b) <u>(Found dead in bed)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES ☐ NO ☒				21. HOW DID INJURY OCCUR?			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Hugot Blumer, Coroner</u>				23b. ADDRESS <u>HERMANN MO</u>		23c. DATE SIGNED <u>11/13/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/15/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HERMANN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HERMANN MO</u>	
DATE REC'D BY LOCAL REG. <u>11-15-54</u>		REGISTRAR'S SIGNATURE <u>Helma Becker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugot Blumer</u>		ADDRESS <u>HERMANN MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 7 1957

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 _____

Licensed Embalmer No. 2160

P. O. Address Hermann Mn

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.