

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **1967**

**1967**

No. 200  
10.48

**FILED FEB 10 1955**

REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **8**

<b>BIRTH NO.</b>		<b>REG. DIST. NO.</b> 273		<b>PRIMARY REG. DIST. NO.</b> 3051		<b>Registrar's No.</b> 8	
<b>1. PLACE OF DEATH</b> a. COUNTY <b>Perry</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>			
b. CITY OR TOWN <b>Perryville, Mo.</b>		c. LENGTH OF STAY (in this place) <b>2 yr.</b>		c. CITY OR TOWN <b>Jackson</b>		Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Perryville Nursing Home</b>				e. STREET ADDRESS (If rural, give location) <b>Route # 1</b>			
<b>3. NAME OF DECEASED</b> (Type or Print)		a. (First) <b>Fred</b>		b. (Middle) <b>E.</b>		c. (Last) <b>Danz</b>	
4. DATE OF DEATH		5. SEX <input checked="" type="radio"/> Male		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>July 24, 1882</b>		9. AGE (In years last birthday) <b>72</b>		10. MONTHS <b>2</b>		11. DAYS <b>2</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Cape Girardeau Co. Mo.</b>	
13a. FATHER'S NAME <b>Emil Danz</b>		13b. MOTHER'S MAIDEN NAME <b>Paulina Koch</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Rudolph Reisenbichler</b> ADDRESS <b>Jackson, Mo. R1</b>			

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy?</b>		DUE TO (b) <b>Post Paralysis</b>		<b>1 week</b>	
		ANTECEDENT CAUSES		DUE TO (c) <b>Arteriosclerosis</b>			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>invalid</b>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			

**22. I hereby certify that I attended the deceased from 4-28 <sup>1954</sup> to 1-25, 1955, that I last saw the deceased alive on 1-24, 1955, and that death occurred at 4:30 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <i>[Signature]</i>		<b>23b. ADDRESS</b> <b>Perryville Mo</b>		<b>23c. DATE SIGNED</b> <b>1-26-55</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>Jan. 27, 1955</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Lutheran Cemetery</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Shawneetown, Missouri</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>[Signature]</i> ADDRESS <b>Perryville Mo</b>			

**DATE REC'D BY LOCAL REG.** **1/27/55** **REGISTRAR'S SIGNATURE** *[Signature] **250***

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Edward Selving*.....

Licensed Embalmer No. *2138*.....

P. O. Address *Peruville*.....

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.