

FILED AUG 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25094

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 75

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| 1. PLACE OF DEATH a. COUNTY <u>VERNON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Township</u> | | c. CITY OR TOWN <u>MONTROSE</u> | |
| c. LENGTH OF STAY (in this place) <u>2 yrs</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>State Hospital #3 - Nevada</u> | | e. STREET ADDRESS (If rural, give location) <u>NONE</u> | |

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|---|---------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u> b. (Middle) <u>Danzebrink</u> c. (Last) <u>Danzebrink</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 6 1955</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>Aug 4, 1881</u> | 9. AGE (In years last birthday) <u>74</u> | 10. IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u> Hours <u>1</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Henry County Missouri</u> | |
| 13a. FATHER'S NAME <u>Henry Gath</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Tieman</u> | | 14. NAME OF HUSBAND OR WIFE <u>Henry Danzebrink</u> | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNK</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>UNK</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State Hospital # records, Nevada, Mo</u> | | | |
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| 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>Carcinoma of Uterus</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Several months</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arterio Sclerosis</u> | | <u>Several years</u> |
| | DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Brain Syndrome assoc. with Disturbance of Metabolism, Growth & Nutrition.</u> | | |

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| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION <u>17.11 009-79X.X1</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>No</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>No</u> | |

22. I hereby certify that I attended the deceased from July 2, 1953, to Aug 6, 1955, that I last saw the deceased alive on Aug 6, 1955, and that death occurred at 11:45A m., from the causes and on the date stated above.

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|--|--|---|---|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Leslie H. Wright</u> | | 23b. ADDRESS <u>M.D. State Hosp # Nevada Mo</u> | | 23c. DATE SIGNED <u>Aug 6, 1955</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8-9-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Serman Town</u> | 24d. LOCATION (City, town, or county) (State) <u>Serman town Mo.</u> | |
| DATE REC'D BY LOCAL REG <u>8-6-1955</u> | REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ferry's Dickman & Deming Clinton Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 6 1955

OCT 6 1955

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..... *Robert J. Dunning*

Licensed Embalmer No. *472*

P. O. Address *Clinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.