

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43148

FILED JAN 3 - 1956

State File No.

BIRTH NO. REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4492 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY SCOTT			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SCOTT		
b. CITY (If outside corporate limits, write RURAL and give township) OR ORAN		c. LENGTH OF STAY (in this place) 20 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR ORAN		d. STREET ADDRESS (If rural, give location) ORAN
3. NAME OF DECEASED (Type or Print) LOUISA			a. (First)	b. (Middle)	c. (Last) DANNENMUELLER
4. DATE OF DEATH DECEMBER 9 1955			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 27 1873	9. AGE (In years last birthday) 82
5. SEX FEMALE	6. COLOR OR RACE WHITE	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME JOHN GOSCHER	13b. MOTHER'S MAIDEN NAME MARY DONOGNE	14. NAME OF HUSBAND OR WIFE LOUIS DANNENMUELLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME LOUIS DANNENMUELLER	ADDRESS ORAN, MO.		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CARDIAC DECOMPENSATION 48 hrs ANTECEDENT CAUSES DUE TO (b) MYOCARDIOSIS, ARTERIO-SCLEROSIS 5 YRS DUE TO (c) 4221H II. OTHER SIGNIFICANT CONDITIONS GASTRIC CARCINOMA Conditions contributing to the death but not related to the disease or condition causing death. CARDIOVASCULAR RENAL Disease 3 YRS?				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION NONE				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NATURAL	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) NONE	(COUNTY) ..	21d. (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? NONE			
22. I hereby certify that I attended the deceased from 5-2 , 1955, to Dec 8 , 1955, that I last saw the deceased alive on Dec. 8 , 1955, and that death occurred at 4:45A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H. J. Moschack, D.O.			23b. ADDRESS Chaffee, Mo.		23c. DATE SIGNED 12-16-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/12/55	24c. NAME OF CEMETERY OR CREMATORY NEW GUARDIAN ANGELS	24d. LOCATION (City, town, or county) ORAN	24e. (State) MO.	
DATE REC'D BY LOCAL REG. 12-22-55	REGISTRAR'S SIGNATURE Miss Paul Bergling	44. 44	25. FUNERAL DIRECTOR'S SIGNATURE Paul J. Smith	ADDRESS ORAN, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

0.30
0.48

DATE RECEIVED **DEC 27 1935**

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1255-275

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Carl J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Craw Mo.

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.