

FILED SEP 9 1958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 375

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits of the TOWNSHIP, give name of TOWNSHIP) OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Independence</u>		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>Lex</u> Last <u>Danner</u>			4. DATE OF DEATH Month <u>9</u> - Day <u>4</u> - Year <u>58</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-9-34</u>		9. AGE (In years last birthday) <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Oak Grove Mo. RFD</u>	

13a. FATHER'S NAME <u>Robert D. Danner</u>		13b. MOTHER'S MAIDEN NAME <u>Wilma James</u>		14. NAME OF HUSBAND OR WIFE <u>Robert C. Danner</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Mathew Gehl</u> Address <u>Oak Grove Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Premature rupture of membrane</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs</u>
DUE TO (b) <u>Premature birth (6th Mo)</u>			
DUE TO (c) <u>7615</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>No.</u>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No.</u>		
20e. CITY, TOWN, OR LOCATION <u>No.</u>		20f. COUNTY <u>No.</u>		20g. STATE <u>No.</u>	

21. I attended the deceased from <u>9-4-58</u> to <u>9-4-58</u> and last saw her/him alive on <u>9-4-58</u> Death occurred at _____ in on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Robert D. Danner</u> (Degree or title)			22b. ADDRESS <u>Oak Grove Mo</u>		22c. DATE SIGNED <u>9-5-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>6/sept-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Family Burial Plot</u>		23d. LOCATION (City, town, or county) (State) <u>North of Oak Grove Mo</u>
24. FUNERAL DIRECTOR <u>St. Mitchell</u>		25. DATE RECD. BY LOCAL REG. <u>9-6-58</u>		26. REGISTRAR'S SIGNATURE <u>James Keagy</u>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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STATEMENT BY LICENSED EMBALMER

Not
↑

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 *Jason T. White*

Licensed Embalmer No. *4925*

P. O. Address *Independence,*

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.