

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029607
STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rural Narrows 06/10 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Length of stay in 1b 4 Days.	d. STREET ADDRESS (If outside, give location) R. F. D. Macon
3. NAME OF DECEASED (Type or print) First Medd Middle Raymon Last Danner			4. DATE OF DEATH Month Aug. Day 6, Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 29, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY no	11. BIRTHPLACE (City and state or country) Marshall, Okla.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Danner	13b. MOTHER'S MAIDEN NAME Amanda Taylor
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 486-42-2325
17. INFORMANT Mrs. Eleanor Applegate Chillicothe		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chr. Myocarditis DUE TO (c) 4222 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) Diabetes Mellitus			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 8-1-58 to 8-6-58 and last saw him alive on 8-6-58 Death occurred at 12:45 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. Dowd, M.D. (Degree or title)		22b. ADDRESS Chillicothe Mo	22c. DATE SIGNED 8/8/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE August 8, 58	23c. NAME OF CEMETERY OR CREMATORY Hillcrest M. G.	23d. LOCATION (City, town, or county) (State) Macon, Missouri
24. FUNERAL DIRECTOR Lester Hutton		ADDRESS Macon, Missouri	25. DATE RECD. BY LOCAL REG. Aug 9-58
26. REGISTRAR'S SIGNATURE Frances B. Nail			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 12 1958

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 *Elton Naiman* _____

Licensed Embalmer No. *4036* _____
P. O. Address: *Chillicothe* _____

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.