THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008466
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 298

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph's Hosp — Length of stay in 1b 27 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph 0117 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) 2505 S. 14th — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First Christine Middle Ann Last Danberry
4. DATE OF DEATH Month March Day 21 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March 20, 1959
9. AGE (In years last birthday) — IF UNDER 1 YEAR Months — Days 1 — IF UNDER 24 HRS. Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Humboldt Danberry
14. MOTHER'S MAIDEN NAME Edna Mae Hook
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Charles H Danberry Address 2505 S. 14th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atlectasis of the right lung.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypoplasia of the left lung secondary
DUE TO (c) to a left diaphragmatic Hernia with most of the abdominal viscera in the left chest
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 5604
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Mar 20, 1959, to Mar 21, 1959 and last saw her ~~him~~ alive on Mar 20, 1959
Death occurred at 7:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Martin H Christ MD
22b. ADDRESS 6106 Kenyon Hollow
22c. DATE SIGNED Mar 23, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-23-59
23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
23d. LOCATION (City, town, or county) St. Joseph (State) Mo

24. FUNERAL DIRECTOR Stamey Funeral Home N.H.S. ADDRESS St Joseph, Mo
25. DATE RECD. BY LOCAL REG. Mar 24, 1959
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must be casually related. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Martin H. Christ

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate wa

by me, or by ....., Student Embalmer No...

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4

P. O. Address St Jay

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.