

# JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043133

FILED VS. NOV 17 1959 360

Primary Registration District No. 6225 Registrar's No. 183

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>VERNON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>VERNON</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WASHINGTON TOWNSHIP</b>		Length of stay in 1b <b>4 TO 5 P.M. 16D</b>		c. CITY OR TOWN <b>NEVADA</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>STATE HOSP # 3</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>R. # 3</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <b>GEORGE VEST DANMER</b>				4. DATE OF DEATH Month Day Year <b>NOV. 2. 1959</b>					
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>MARCH 8-1893</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		
13a. FATHER'S NAME <b>SAMSON DANMER</b>			13b. MOTHER'S MAIDEN NAME <b>VIRGINIA WILSON</b>			14. NAME OF HUSBAND OR WIFE <b>ADA E. DANMER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT Address <b>HOSP. RECORDS, STATE HOSP. # 3 MO NEVADA</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PULMONARY TB.</b>							INTERVAL BETWEEN ONSET AND DEATH <b>6 MONTHS</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>---</b>							---		
DUE TO (c) <b>---</b>							---		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>GENERALIZED ART. SCLEROSIS</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
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.)					
20c. TIME OF INJURY Hour Month, Day, Year p.m.	/								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>JAN. 17. 1955</b> to <b>NOV. 2. 1959</b> and last saw him alive on <b>NOV. 2. 1959</b> Death occurred at <b>4:05 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>George Esker M.D.</b>				22b. ADDRESS <b>STATE HOSP. NEVADA, MO</b>			22c. DATE SIGNED <b>11-2-59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Moore Cemetery</b>		23d. LOCATION (City, town, or county) <b>Nevada</b>		23e. STATE <b>Missouri</b>		
24. FUNERAL DIRECTOR <b>Ferry Funeral Home Nevada, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>Nov 9-1959</b>		26. REGISTRAR'S SIGNATURE <b>Anna E. Perry</b>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 James Douglas Griswold, Student Embalmer No. 595  
working under my personal supervision.

Student Douglas Griswold  
Signature of Student Embalmer

Signed J. Douglas Ferry  
Licensed Embalmer No. 4960

P. O. Address Nevada, TN

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.