

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016730

FILED VS APR 20 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 3851** STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b 30 minutes	c. CITY OR TOWN GERALD MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERN HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE DANZ			4. DATE OF DEATH Month Day Year APR. 6-1960		
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 4-3-1869	9. AGE (last birth day) 91	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABORER		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) GERALD MO. FRANKLIN USA	
13a. FATHER'S NAME CARL DANZ		13b. MOTHER'S MAIDEN NAME MARY EMDE		14. NAME OF HUSBAND OR WIFE LENAK DANZ	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address Lena Muellerfarth Gerald Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
IMMEDIATE CAUSE (a) pulmonary infarction			
DUE TO (b) arterio sclerotic Heart disease			
DUE TO (c) Carcinoma Metastases			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.) 4200H none
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year none		

20d. INJURY OCCURRED WHILE AT WORK <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.) none	20f. CITY, TOWN, OR LOCATION GERALD MO.	COUNTY FRANKLIN	STATE
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21. I attended the deceased from **Aug. 1959** to **April 6/60** and last saw him alive on **4/6/60**
Death occurred **Lutheran Hospital 11:30 AM** date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Hauffer D.C.	22b. ADDRESS Gerald Mo.	22c. DATE SIGNED 4/6/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-9-1960	23c. NAME OF CEMETERY OR CREMATORY ST PAUL
23d. LOCATION (City, town, or county) GERALD MO. FRANKLIN		23e. STATE FRANKLIN

24. GENERAL DIRECTOR E. J. Meyer Gerald Mo	25. DATE RECD. BY LOCAL REG. APR 7 1960	26. REGISTRAR'S SIGNATURE Loal Smith, M.D.
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(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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley E. Meyer

Licensed Embalmer No. 4639
P. O. Address Thruall Rd

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.