

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025688
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 328 Primary Registration District No. 4112 Registrar's No. 33

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 26 1962							
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Scott</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kelso</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u></p>	<p>2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u></p> <p>c. CITY OR TOWN <u>Kelso</u></p> <p>d. STREET ADDRESS (If outside, give location)</p>						
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>ANNIE MARY DANNENMUELLER</u></p>							
<p>4. DATE OF DEATH Month Day Year <u>June 15, 1962</u></p>							
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>Dec 4, 1882</u></p>	<p>9. AGE (last birthday) <u>80 79</u></p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR</p> <p>Months Days Hours Min.</p>		
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (City and state or country) <u>near Kelso, Mo</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>	
<p>13a. FATHER'S NAME <u>Frank Blattel</u></p>			<p>13b. MOTHER'S MAIDEN NAME <u>Frances Gosche</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Alto J. Dannenmueller (Deid)</u></p>		
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO. <u>unk.</u></p>		<p>17. INFORMANT <u>Mrs. Elmer Dannenmueller</u> Address <u>Kelso, Mo</u></p>			
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>							
<p>IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u></p>							
<p>CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Arteriosclerotic Heart Disease</u></p>							
<p>DUE TO (c)</p>							
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u></p>					<p>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</p>		
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>							
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>			
<p>21. I attended the deceased from <u>9-1-61</u> to <u>6-15-62</u> and last saw her/him alive on <u>6-15-62</u>. Death occurred at <u>7:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>							
<p>22a. SIGNATURE (Degree or title) <u>Dr. Marshall Gunsberg M.D.</u></p>				<p>22b. ADDRESS <u>Kelso, Mo</u></p>		<p>22c. DATE SIGNED <u>6-18-62</u></p>	
<p>23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>6/18/62</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>St. Augustine's</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>Kelso, Mo</u></p>		
<p>24. FUNERAL DIRECTOR ADDRESS <u>BISPLINGHOFF FUNERAL HOME</u></p>			<p>25. DATE RECD. BY LOCAL REG. <u>mo June 20-1962</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Mrs. Fred Breigling</u></p>		

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Oliver C. Smith

Licensed Embalmer No. 4470

P. O. Address Illmo Mo

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.