MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035553

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. _____ Registrar's No. 231

WRITE THIS STUB OR TYPEWRITER RIBBON

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
300			
4/59			
746			
746			
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1			
0			
2			
123			
6			
74			
1-0			
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BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH — FILED OCT 1 1962
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville — Length of stay in Ib. 1½ yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4mi-E-1½mi N. — Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Nodaway
c. CITY OR TOWN Maryville — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 5½ mi NE. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Welton Middle: B. Last: Danner
4. DATE OF DEATH Month 9 Day 20 Year 1962
5. SEX Male
6. COLOR OR RACE Cau
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-14-1919
9. AGE (last birthday) 43 — IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (City and state or country) New Hampton, Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Frank Danner
13b. MOTHER'S MAIDEN NAME Effie Bridges
14. NAME OF HUSBAND OR WIFE Sarah Ellen Reece Danner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
INFORMANT Mrs. Sarah E. Danner Address Maryville, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Internal Chest injuries — INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Crushing injury & multiple fractures
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

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.) Tractor with dirt loader
20c. TIME OF INJURY Hour 4:30 p.m. Month, Day, Year 9-20-62 turned over and came to rest on chest.
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.) 4½ miles North of Maryville
20f. CITY, TOWN, OR LOCATION Maryville COUNTY Nodaway STATE Missouri

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. E. Bland (Degree or title) MD
22b. ADDRESS Maryville, Missouri
22c. DATE SIGNED 9/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-23-1962
23c. NAME OF CEMETERY OR CREMATORY Foster Cemetery
23d. LOCATION (City, town, or county) New Hampton (State) Mo.
24. FUNERAL DIRECTOR Atchison-Maryville, Mo ADDRESS
25. DATE RECD. BY LOCAL REG. 9-22-62
26. REGISTRAR'S SIGNATURE Bess Voelt

(Licensed Embalmer's Statement on Reverse Side)

OCT 4 1962 MAR 5 1963 OCT 2 1962

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 G. M. Atchesson

Licensed Embalmer No. 2279

P. O. Address Maryville

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.