

FILED NOV 25 1957

STANDARD CERTIFICATE OF DEATH

40104

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 644

V. S. 300  
Rev. 1-57

securing the medical certification in the specific manner required by 193.140 MoRS 1949.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor, Missouri</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Leeton</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>			Length of stay in 1b	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Danny</u> Middle <u></u> Last <u>Dady</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>4</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 25, 1940</u>		9. AGE (In years last birthday) <u>17</u>	10. UNDER 1 YEAR Months <u></u> Days <u></u>	11. UNDER 24 HRS Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Calhoun Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Harry Dady</u>			13b. MOTHER'S MAIDEN NAME <u>Rosa Alice Gordon</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Father</u>		Address <u>Leeton, Missouri</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Peritonitis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>62 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Traumatic Rupture of Duodenum</u>						<u>62 hrs.</u>	
DUE TO (c) <u>Car Accident - rolled over abdomen</u>						<u>62 hrs</u>	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) <u>Auto accident - pickup rolled over abdomen</u>					
20c. TIME OF INJURY <u>12:30 p.m. 11-1-57</u>		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, etc.) <u>Highway #2</u>		20f. CITY, TOWN, OR LOCATION <u>Leeton Johnson Mo.</u>	
21. I attended the deceased from <u>11-1-57</u> to <u>11-4-57</u> and last saw her alive on <u>Nov 4 - 57</u> Death occurred at <u>2 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Grade M. Shurberms</u>				22b. ADDRESS <u>Windsor, Mo.</u>		22c. DATE SIGNED <u>11-17-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Nov. 6, 1957</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oaks Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Windsor Missouri</u>	
24. FUNERAL DIRECTOR <u>The Brauningers</u>			ADDRESS <u>Warrensburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-20-57</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

DEC 3 1954

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 *Earl Kueny* .....

Licensed Embalmer No. 3517 .....

P. O. Address *Wgh. Ma.* .....

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.