

FILED MAR 2 1948

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4639

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 137
(b) Township Deerpates Primary Registration District No. 5508 Registered No. 47 48
(c) City Montrose (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 65 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph H. Danzibink

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28 - 1883
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 9 26
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. labor
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany MO

13. NAME Wm H. Danzibink
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany MO

15. MAIDEN NAME Dina Engelman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Chas Danzibink
(ADDRESS) Montrose Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose DATE Feb 27 48

19. FUNERAL DIRECTOR (NAME) Welling Bros
(ADDRESS) Montrose Mo

20. FILED 2-28 1948 R.R. Kamm
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 - 1948

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1946 to Feb 22, 1948
I last saw him alive on Feb 22, 1948. Death is said to have occurred on the date stated above, at 2:30 P. am.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset 1 yr

Other contributory causes of importance:

arterio-sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. E. Baggerly M. D.(Address) Montrose Mo

