

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19586

State File No.

0164

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>"</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau 0164</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1475 1st</u>	
3. NAME OF DECEASED a. (First) <u>CHARLES</u> b. (Middle) <u>ROBERT</u> c. (Last) <u>DANKEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 30 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 10 - 1908</u>
9. AGE (In years) (If under 1 year, give months) (If under 28 hrs., give hours) (Min.) <u>41 6 20</u>		11. BIRTHPLACE (State or foreign country) <u>Leitch Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>State Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe factory</u>	
12. CITY/TOWN OF WHAT COUNTRY? <u>"</u>		13. FATHER'S NAME <u>Charles Dances</u>	
13b. MOTHER'S MAIDEN NAME <u>Annie Helperidge</u>		14. NAME OF HUSBAND OR WIFE <u>Opal -</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>490-05-4700</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Opal Dances Cape Girardeau Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	
18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Syphilitic meningitis</u>		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>"</u> DUE TO (c) <u>"</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2040</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>10:20</u> <u>PM</u> , to <u>5:30</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5/20</u> , 19 <u>50</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Charles L. M... M.D.</u>		23b. ADDRESS <u>Cape Girardeau Mo</u>	
23c. DATE SIGNED <u>5/31/50</u>		24a. BURIAL/CREMATION/REMOVAL (Specify)	
24b. DATE <u>5/31/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Sewell</u>	
DATE REC'D BY LOCAL REG. <u>6-15-1950</u>		REGISTRAR'S SIGNATURE <u>L. C. Summers</u>	
25. FUNERAL DIRECTOR'S ADDRESS			

650-807

JUN 24 1950

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 _____
Student Embalmer

Signed Willard H. Estes

Licensed Embalmer No. 3568

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.