

FILED JUL 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22864

State File No. \_\_\_\_\_

Registrar's No. 102

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4215

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri,</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Brownington, R.F.D. No</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Brownington, Mo</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home.</b>			
3. NAME OF DECEASED a. (First) <b>Lizzie</b>		b. (Middle) <b>L.</b>	
c. (Last) <b>Rufenacht.</b>		4. DATE OF DEATH (Month) <b>July</b> (Day) <b>7</b> (Year) <b>1951</b>	
5. SEX <b>Male</b>	6. COLOR OF RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>April 2nd 1873</b>
9. AGE (In years last birthday) <b>78</b>		10. IF UNDER 1 YEAR <b>5</b> Months <b>5</b> Days	11. IF UNDER 24 HRS. <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>Germany</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Bennett Dannenbrock</b>	
13b. MOTHER'S MAIDEN NAME <b>Minnie Dannenbrock</b>		14. NAME OF HUSBAND OR WIFE <b>(deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Floyd Hamlin</b>		ADDRESS <b>Brownington Mo</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cerebral hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>20</b>		19b. MAJOR FINDINGS OF OPERATION <b>331x</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>200</b>		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 <b>June 19, 1951</b> , to <b>July 7, 1951</b> , that I last saw the deceased alive on <b>July 7, 1951</b> , and that death occurred at <b>1 P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>R J Powell</b> (Degree or title)		23b. ADDRESS <b>Clinton Mo</b>	
23c. DATE SIGNED <b>7/8/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 9 1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt Zion Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mt-Zion Mo</b>	
DATE REC'D BY LOCAL REG. <b>July-9-51</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Tom Spud</b>		ADDRESS <b>Deepwater Mo</b>	

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

**RECEIVED** 7-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 7-17-51 .....

2961 1 E 100  
OCT 31 1952

**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 *John H. Smith* .....

Licensed Embalmer No. *2782* .....

P. O. Address *Deerpark, 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 this body is not embalmed, fact should be so stated above.