

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29102

State File No. ....

FILED SEP 3-1952

BIRTH NO. ....

REG. DIST. NO. 301

PRIMARY REG. DIST. NO. 440

Registrar's No. 308

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Doniphan</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gatewood</u>		0910			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>RFD #1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u>		b. (Middle) <u>Michael</u>		c. (Last) <u>Danahy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 1 1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>April 27, 1882</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>4</u>	IF 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>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Danahy</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Murphy</u>		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u>491-18-5615</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Danahy</u> ADDRESS <u>Rt. 1, Gatewood, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>				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) m.		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>July 20</u> , 19 <u>52</u> , to <u>Aug 1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8/1</u> , 19 <u>52</u> , and that death occurred at <u>11:45 A. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Frank C. Johnson M.D.</u>				23b. ADDRESS <u>Doniphan Mo.</u>		23c. DATE SIGNED <u>8/11/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-3-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty</u>		24d. LOCATION (City, town, or county) (State) <u>Rt. 1, Gatewood, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>8-11-52</u>		REGISTRAR'S SIGNATURE <u>OB Johnston 377</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>N. S. McNabb</u> ADDRESS <u>McNABB FUNERAL HOME Pocahtontas, Ark.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 4 1937

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 H. S. McNaabb

Licensed Embalmer No. 610

P. O. Address Locaboutas, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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