

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34983**

FILED NOV 3 - 1953

BIRTH NO.		REG. DIST. NO. 25	PRIMARY REG. DIST. NO. 4036	Registrar's No. 21
1. PLACE OF DEATH a. COUNTY BATES.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BATES.		
b. CITY (If outside corporate limits, write RURAL and give township) RICH HILL.		c. LENGTH OF STAY (in this place) 44 yrs	c. CITY OR TOWN RICH HILL.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4TH & OAK ST.		e. STREET ADDRESS (If rural, give location) 4TH & OAK ST. 0070		
3. NAME OF DECEASED (Type or Print) EVA LEONA DANNER.		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH OCT-30-1953.				
5. SEX FEMALE	6. COLOR OR RACE WHITE.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH MARCH-28-1888	9. AGE (In years) last birthday 65 Months 7 Days 2 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE.		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and State or Foreign Country) SCHELL CITY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME GEO. FITZPATRICK.		13b. MOTHER'S MAIDEN NAME SALLIE DALLIS.	14. NAME OF HUSBAND OR WIFE ALLEN DANNER.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Allen Danner - Rich Hill, Mo.	
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) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Stygmia 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 2 Wks ? 1
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X			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) (Min.)	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 Oct 24 , 19 53 to Oct 30 , 19 53 , that I last saw the deceased alive on Oct 30 , 19 53 , and that death occurred at 5:28 m., from the causes and on the date stated above.				
23a. SIGNATURE Edna Douglas		23b. ADDRESS Rich Hill, Mo.	23c. DATE SIGNED Nov 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Nov-1-1953	24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEM.	24d. LOCATION (City, town, or county) (State) Rich Hill, MISSOURI	
DATE REC'D BY LOCAL REG. 11-2-1953	REGISTRAR'S SIGNATURE Ms. Edna Douglas	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Booth Funeral Serv. - Rich Hill, Mo.		

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

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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 *Robert G. Steinbeck*.....

Licensed Embalmer No. *4657*

P. O. Address *Butler, Pa.*

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.