

No. 300  
10-48  
026-0

FILED SEP 7 1954

STANDARD CERTIFICATE OF DEATH

State File No. 26651

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 4142 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russellville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russellville</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. H. Williams Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Hannah</u>	b. (Middle) <u>Schmoerer</u>	c. (Last) <u>Danner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-1-1954</u>
-------------------------------------	--------------------------	------------------------------	-------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 25 1870</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
----------------------	-------------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Cole County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
--	--	---	---

13a. FATHER'S NAME <u>Not known Born Germany</u>	13b. MOTHER'S MAIDEN NAME <u>Not known</u>	14. NAME OF HUSBAND OR WIFE <u>Oscar Danner</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Robert E. Murrell-Eldon, Mo</u>	ADDRESS _____
---	-------------------------------------	--	---------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General debility of old age.</u>		
	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 _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>42022</u>
--	--	--

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 May 1874 to 14 Sept. 1954, that I last saw the deceased alive on 8/22/54, 1954, and that death occurred at 5-12 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert E. Murrell-Eldon, M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>42022</u>	23c. DATE SIGNED <u>9/1/54</u>
---	-------------------------	---------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-3-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knight Of Pythias</u>	24d. LOCATION (City, town, or county) (State) <u>Knightstown, Ind.</u>
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Sept. 2</u>	REGISTRAR'S SIGNATURE <u>Mrs. Minnie Hitt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold H. Schubert</u>	ADDRESS <u>Russellville</u>
---	---	--	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

*Hugo N. Schubert*

Licensed Embalmer No. 2820

P. O. Address Russellville 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.