

No. 300
10. 48

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7779

0370

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>5443</u>		Registrar's No. <u>11</u>		
1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL ROARK TWP</u>		c. LENGTH OF STAY (In this place) <u>2 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lantre Twp</u>		TOWN <u>0700</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Am S of Hermann</u>				d. STREET ADDRESS (If rural, give location) <u>Near Rhineland</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>JOHN Richard</u>		b. (Middle)		c. (Last) <u>DALLER Jr</u>	
4. DATE OF DEATH		(Month) <u>MARCH</u>		(Day) <u>24</u>		(Year) <u>1955</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>JUNE 26 1931</u>		
9. AGE (In years last birthday) <u>23</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FACTORY U.S. GOV. BOATYARD</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>RHINELAND Mo</u>		
12. CITIZEN OF WHAT COUNTRY?				13a. FATHER'S NAME <u>JOHN DALLER</u>				
13b. MOTHER'S MAIDEN NAME <u>MIRTLE METZLER</u>				14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u>		16. SOCIAL SECURITY NO. <u>KOREAN 4-9-52/1-14-54/493-32-8433</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Victor Daller Rhineland</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CRUSH INJURIES, CHEST</u>		INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u>						
ANTECEDENT CAUSES		<u>SEVERE GENERAL CONCUSSION FORCES</u>						
Morbid 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.		<u>E8234</u>				<u>31</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>HIGHWAY 19</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>GASCONADE 037 Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 24 55 8 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>AUTO LEFT ROAD, HIT TREE</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Hugh H. Danner, Coroner</u>				23b. ADDRESS <u>HERMANN, MO. HERMANN MO</u>		23c. DATE SIGNED <u>3-25-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-28-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Starkenburg</u>		24d. LOCATION (City, town, or county) (State) <u>Rhineland Mo. RFD</u>		
DATE REC'D BY LOCAL REG. <u>3-26-55</u>		REGISTRAR'S SIGNATURE <u>Delma Gerken</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Walter American</u>		ADDRESS		

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

APR 18 1955

MAY 2 1955

STATEMENT BY LICENSED EMBALMER

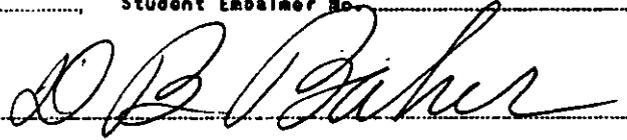
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3375

P. O. Address Americus, 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.