

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16919**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **54**

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Alma</b>		c. LENGTH OF STAY (in this place) <b>7 wks.</b>		c. CITY OR TOWN <b>Alma</b>		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 <b>Memorial Hospital, Lexington, Mo.</b>				f. STREET ADDRESS (If rural, give location) <b>East end 0540</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>August</b> c. (Last) <b>Dankenbring</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 29 1956</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 21, 1878</b>		9. AGE (In years last birthday) <b>78</b> Months <b>4</b> Days <b>8</b> IF UNDER 28 HRS. Hours <b>8</b> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>General Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>employee</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Emma, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13a. FATHER'S NAME <b>Henry Geo. Dankenbring</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Heidorn</b>		14. NAME OF HUSBAND OR WIFE <b>deceased</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>496-10-1671</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ella Buhlig, Alma, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastro Intestinal Hemorrhage</b></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>Anemia and malnutrition</b></p> <p>DUE TO (c) <b>Chronic liver atrophy</b></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death. <b>Cor pulmonale and chronic passive congestion</b></p>					INTERVAL BETWEEN ONSET AND DEATH <b>2 wk</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>293x</b>				20. AUTOPSY? YES <input checked="" 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)			
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>5-29</b> , 19 <b>56</b> to <b>5-29</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>5-29</b> , 19 <b>56</b> , and that death occurred at <b>11:40 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Wm. B. Best M.D.</b>			23b. ADDRESS <b>Higginville, Mo.</b>		23c. DATE SIGNED <b>5-30-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 2, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Trinity Lutheran</b>		24d. LOCATION (City, town, or county) (State) <b>Alma, Lafayette, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>6-1-56</b>	REGISTRAR'S SIGNATURE <b>Wm. B. Best</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Alma, Missouri</b>			

(Licensed Embalmer's Statement on Reverse Side)

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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  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Alfred H. Bremer*.....

Licensed Embalmer No 269

P. O. Address Alma, MI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.