

FILED AUG 20 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 26476

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington, Mo.</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Hermann</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>5th Street 0371</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>Christ</b>			b. (Middle) <b>M.</b>		c. (Last) <b>Danuser</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 12 1956</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 12, 1877</b>		9. AGE (In years last birthday) Months Days <b>78 11</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Schoolteacher</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Hermann, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Christian Danuser</b>			13b. MOTHER'S MAIDEN NAME <b>Christene Botterman</b>			14. NAME OF HUSBAND OR WIFE <b>Marie Danuser</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>495-18-2723</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marie Danuser</b>			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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the prostate with metastases to bone and brain</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yrs</b>		
		ANTECEDENT CAUSES 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.								
19a. DATE OF OPERATION <b>11-8-55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of prostate</b>						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) <b>177X</b>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>4:35P</b>		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>1-31-52</b> , 19____, to <b>8-12-56</b> , 19____, that I last saw the deceased alive on <b>8-12-56</b> , 19____, and that death occurred at <b>4:35P</b> m., from the causes and on the date stated above.										
23a. SIGNATURE <b>Carroll T. Shaw, M.D.</b>				(Degree or title) (C)		23b. ADDRESS <b>Hermann, Missouri</b>		23c. DATE SIGNED <b>8-13-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 15/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Hermann, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>8/14/56</b>		REGISTRAR'S SIGNATURE <b>Z. E. Sudmann</b>			25. GENERAL DIRECTOR'S SIGNATURE <b>Edward R. Ruediger</b>				ADDRESS <b>Hermann, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Elmer R. Ruesign*

Licensed Embalmer No. 2044

P. O. Address Hermann, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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