

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-024680

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 190

AMENDED

**FILED AUG 14 1961**

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

|                                                                                                                                                                                                                                          |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Franklin</b>                                                                                                                                                                                           |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Gasconade</b>                      |                                                                                                                                                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Washington</b>                                                                                                                                                   |                                                                                                           | Length of stay in 1b<br><b>11 days</b>                                                                                                                      | c. CITY OR TOWN <b>Hermann</b>                                                                                                                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>                                                                                                                               |                                                                                                           | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                   | d. STREET ADDRESS (If outside, give location)<br><b>Goethe &amp; W. 18th Sts</b>                                                                                     |
| 3. NAME OF DECEASED (Type or print)<br>First <b>JACOB</b> Middle <b>CHRISTIAN</b> Last <b>DANUSER</b>                                                                                                                                    |                                                                                                           | 4. DATE OF DEATH<br>Month <b>Aug</b> Day <b>8</b> Year <b>1961</b>                                                                                          |                                                                                                                                                                      |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                    | 6. COLOR OR RACE<br><b>Cau.</b>                                                                           | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>11/27/1868</b>                                                                                                                                |
| 9. AGE (last birthday)<br><b>92</b>                                                                                                                                                                                                      |                                                                                                           | IF UNDER 1 YEAR<br>Months _____ Days _____                                                                                                                  | IF UNDER 24 HR<br>Hours _____ Min. _____                                                                                                                             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Surveyor</b>                                                                                                                           |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Civil Engineering</b>                                                                                               | 11. BIRTHPLACE (City and state or country)<br><b>Little Berger, Mo</b>                                                                                               |
| 12. CITIZEN OF WHAT COUNTRY<br><b>US</b>                                                                                                                                                                                                 |                                                                                                           | 13a. FATHER'S NAME<br><b>Christian Danuser</b>                                                                                                              |                                                                                                                                                                      |
| 13b. MOTHER'S MAIDEN NAME<br><b>Verena Bottermann</b>                                                                                                                                                                                    |                                                                                                           | 14. NAME OF HUSBAND OR WIFE<br><b>Wilhelmina Danuser</b>                                                                                                    |                                                                                                                                                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                                                                                                    |                                                                                                           | 16. SOCIAL SECURITY NO.<br><b>None</b>                                                                                                                      | 17. INFORMANT<br><b>Selma Danuser, Hermann, Mo</b>                                                                                                                   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute pvelonephritis</b>                                                                              |                                                                                                           |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 week</b>                                                                                                                    |
| DUE TO (b) <b>Chronic nephrosclerosis</b>                                                                                                                                                                                                |                                                                                                           |                                                                                                                                                             | <b>5 yrs</b>                                                                                                                                                         |
| DUE TO (c) _____                                                                                                                                                                                                                         |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                      |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Arteriosclerosis</b>                                                                             |                                                                                                           |                                                                                                                                                             | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                        | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                                                |                                                                                                                                                                      |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.                                                                                                                                                                                        | Month, Day, Year _____                                                                                    |                                                                                                                                                             |                                                                                                                                                                      |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION                                                                                                                                | COUNTY _____ STATE _____                                                                                                                                             |
| 21. I attended the deceased from <b>1-17-49</b> to <b>8-8-61</b> and last saw her/him alive on <b>8-8-61</b><br>Death occurred at <b>4:05 PM, DST</b> on the date stated above, and to the best of my knowledge, from the causes stated. |                                                                                                           |                                                                                                                                                             |                                                                                                                                                                      |
| 22a. SIGNATURE (Degree or title)<br><b>Carole T. Shaw, MD</b>                                                                                                                                                                            |                                                                                                           | 22b. ADDRESS<br><b>Hermann Mo.</b>                                                                                                                          | 22c. DATE SIGNED<br><b>8-9-61</b>                                                                                                                                    |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                               | 23b. DATE<br><b>8/11/1961</b>                                                                             | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Hermann Cemetery</b>                                                                                               | 23d. LOCATION (City, town, or county) (State)<br><b>Hermann, Mo</b>                                                                                                  |
| 24. FUNERAL DIRECTOR<br><b>Herman Blumer Inc</b>                                                                                                                                                                                         | ADDRESS<br><b>Hermann, Mo</b>                                                                             | 25. DATE RECD. BY LOCAL REG.<br><b>8/9/61</b>                                                                                                               | 26. REGISTRAR'S SIGNATURE<br><b>Leola B. Sudman</b>                                                                                                                  |

**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 ORVAL GROVER, Student Embalmer No. 641

working under my personal supervision.

Student Orval Grover  
Signature of Student Embalmer

Signed Hugo B. Bremer

Licensed Embalmer No. 3160

P. O. Address Herrmann

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.