

FILED DEC 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42004**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1137</u>	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD		c. LENGTH OF STAY (In this place) 62 YRS		c. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1055 WEST WALNUT ST.				d. STREET ADDRESS (If rural, give location) 1055 WEST WALNUT ST.			
3. NAME OF DECEASED (Type or Print) DOMINO DANZERO			a. (First) DOMINO			b. (Middle) DANZERO	
c. (Last) DANZERO			4. DATE OF DEATH DEC. 18, 1952		Date (Month) (Day) (Year)		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN, 13, 1871	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) RETIRED FACTORY OWNER		10b. KIND OF BUSINESS OR INDUSTRY MACARONI INDUSTRY BUSINESS		11. BIRTHPLACE (City and State or Foreign Country) NEAR TURIN ITALY 5	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME JAMES DANZERO		13b. MOTHER'S MAIDEN NAME ANGEN FENOGLIO		14. NAME OF HUSBAND OR WIFE BEE AGNES DANZERO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS BEE AGNES DANZERO SPRINGFIELD, MO			
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) Hypertensive Cardio-Vascular disease DUE TO (b) Arteriosclerotic Nephrosclerosis DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 years " 15 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 260X			
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 <u>6-1</u> , 19 <u>51</u> , to <u>12-18</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-18</u> , 19 <u>52</u> and that death occurred at <u>8</u> <u>P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William J. Dard, M.D.				23b. ADDRESS 609 Cherry, Springfield		23c. DATE SIGNED 12/19/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/20/52		24c. NAME OF CEMETERY OR CREMATORY ST MARY'S		24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI	
DATE REC'D BY LOCAL REG. 12-23-52		REGISTRAR'S SIGNATURE Edith Williamson Registrar		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HERMAN LOHMEYER SPRINGFIELD, MO			

(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 Lucien T. Swadlow

Licensed Embalmer No. 48151

P. O. Address Springfield

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.