

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12527

State File No.

FILED MAY 11 1954

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5628 Registrar's No. 81

0530
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Laclede</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL Gasconade</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL Gasconade</u> <u>0530</u> | |
| c. LENGTH OF STAY (in this place) <u>5 1/2</u> years | | d. STREET ADDRESS (If rural, give location) <u>4 Miles N.E. of Nebo, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Miles N.E. of Nebo, Mo.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 5, 1954</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Darrel</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Ronshausen</u> | | 5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>April 2, 1913</u> | | 9. AGE (In years last birthday) <u>41</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Army</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Balaton, Minnesota</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>August A. Ronshausen</u> | | 13b. MOTHER'S MAIDEN NAME <u>Hazel Baker</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Doris Ronshausen</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes give war and date of service) <u>W.W.I.</u> | |
| 16. SOCIAL SECURITY # <u>478-120329</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Doris Ronshausen Nebo, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary insufficiency</u> 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 <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | |
| 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) (Min.) | | 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>6/7</u> , 19 <u>53</u> , to <u>5/5</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5/5</u> , 19 <u>54</u> , and that death occurred at <u>6:30A</u> m., from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) <u>George E. Fisher M.D.</u> | | 23b. ADDRESS <u>Lebanon, Mo.</u> | |
| 23c. DATE SIGNED <u>5/9/54</u> | | 24a. BURIAL—CREMATION—REMOVAL (Specify) <u>Removal</u> | |
| 24b. DATE <u>5-10-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Springfield National</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Al Palmora Lebanon, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>5-6-1954</u> | | REGISTRAR'S SIGNATURE <u>Alfred L. Hayes</u> | |

MAY 23

MAY 10 1954

Received
Lacleda County Health Unit
File No. 5-54-81
Date Filed MAY 10 1954

MAY 7 1957

JUN 16 1954

DEC 6 1954

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 *Stanley R. Palmus*

Licensed Embalmer No. 4810

P. O. Address *Lebanon, 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.