

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19086
Registrar's No. 30

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan, Missouri.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 313 N. Church St.	
3. NAME OF DECEASED (Type or Print) Charles Otto Jaronitsky			4. DATE OF DEATH (Month) (Day) (Year) June 27, 1949.
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Apr. 1, 1909
9. AGE (In years) (Last birthday) 40		IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist		10b. KIND OF BUSINESS OR INDUSTRY Drug Store	11. BIRTHPLACE (State or foreign country) Desoto Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Otto Jaronitsky	
13b. MOTHER'S MAIDEN NAME Emma Hacke		14. NAME OF HUSBAND OR WIFE Maggie Jaronitsky	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. World War 2		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Martha McConachie		ADDRESS St. Louis,	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Potassium Cyanide Poisoning. 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 Chemical Analysis in Laboratory Proved conclusively agency used.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sullivan Franklin Missouri	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:05 AM from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Pho. P. Sheffer</i> M.D.		23b. ADDRESS Sullivan, Missouri	
23c. DATE SIGNED 6/28/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE June 29, 1949		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows	
24d. LOCATION (City, town, or county) (State) Sullivan, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE (Address) <i>Pho. P. Sheffer</i> Sullivan, Mo	
DATE RECD' BY LOCAL REG. 6-28-49		REGISTRAR'S SIGNATURE <i>Ch. Pantar</i>	

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

36
4
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District File Number
District Health Officer No. 9
RECEIVED

JUL 11 1951
SEP 6 1951

SEP 6 1951

MAY 7 1951

MAY 7 1951

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 _____

T. A. HUMPHREY

Student Embalmer No. #316

working under my personal supervision.

Signed *T. A. Humphrey*
Student Embalmer

Signed *Edgar W. Laffoon*

Licensed Embalmer No. 6294

P. O. Address Sullivan, 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.