

No. 300
10. 48

FILED AUG 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23887

State File No.

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Osado Mo</u>	c. LENGTH OF STAY (In this place) <u>20 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Osado</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>702 W. Pratt St.</u>		d. STREET ADDRESS (If rural, give location) <u>702 W. Pratt St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>JANSSEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 1 1949</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Feb 5 1856</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>73</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Union Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>G. H. Hallman</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Newes</u>	14. NAME OF HUSBAND OR WIFE <u>Rolf Janssen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Wrenan</u>	ADDRESS <u>Osado Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4222</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from 1923 to 8-1-, 1949, that I last saw the deceased alive on 7-31, 1949, and that death occurred at 2:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas E Gallet</u> (Degree or title)	23b. ADDRESS <u>De Soto Mo</u>	23c. DATE SIGNED <u>8-2-49</u>
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24a. BURIAL-CREMATATION-REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 3 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodmen Park</u>	24d. LOCATION (City, town, or county) (State) <u>Osado Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/5/49</u>	REGISTRAR'S SIGNATURE <u>Marie Ferris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. Bate</u>	ADDRESS <u>Osado Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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22

District File Number _____
District Health Officer No. 9,
RECEIVED
AUG 10 1949

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.

Signed.....
Student Embalmer

Signed *Samuel B. Dietrich*

Licensed Embalmer No. *4104*

P. O. Address *Osage 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.