

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36849**

FILED DEC 7 1949

BIRTH NO.		REG. DIST. NO. 117		PRIMARY REG. DIST. NO. 5436 Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY Gasconade			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Gasconade		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-Boulware Twp)		c. LENGTH OF STAY (in this place) 81 yrs	c. CITY (If outside corporate limits, write RURAL and give township) 87 OR TOWN Rural-Boulware Twp		d. STREET ADDRESS (If rural, give location) 12 mi. S. W. of Hermann
d. FULL NAME OF HOSPITAL OR INSTITUTION 12 mi. S. W. of Hermann			d. STREET ADDRESS (If rural, give location) 12 mi. S. W. of Hermann		
3. NAME OF DECEASED (Type or Print) a. (First) OTTO		b. (Middle) FREDERICK		c. (Last) JANNISCH	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 21-1949		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 15-1868		9. AGE (In years last birthday) 81 yrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Hermann, Mo RFD 1	
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME Ludwig Jannisch		13b. MOTHER'S MAIDEN NAME Augusta Kuschel	
14. NAME OF HUSBAND OR WIFE Julia Jannisch		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 Louis Jannisch, Hermann, Mo RFD		17. INFORMANT'S SIGNATURE OR NAME Louis Jannisch, Hermann, Mo RFD		ADDRESS Mo RFD	
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident			INTERVAL BETWEEN ONSET AND DEATH 5 days		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			Years		
DUE TO (c) Arterial hypertension			Years		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331x		
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)		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) (Minute)		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 4-25 , 19 49 , to 11-18 , 19 49 , that I last saw the deceased alive on 11-18 , 19 49 , and that death occurred at 12 P. m., from the causes and on the date stated above.					
23a. SIGNATURE Cawel T. Shaw MD			23b. ADDRESS Hermann, Mo		23c. DATE SIGNED 11-22-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-24-49	24c. NAME OF CEMETERY OR CREMATORY Stolpe St. John Cem.		24d. LOCATION (City, town, or county) (State) Gasconade Co., Mo
DATE REC'D BY LOCAL REG. 11/23/49		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Augusta Kuschel	
				ADDRESS Hermann, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

37

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District File Number
District Health Officer No. 9,
RECEIVED
DEC 3 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.....

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed *Hugo H. Pleuner*

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.