

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 525

0210

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>5253</u>		Registrar's No. <u>59</u>			
1. PLACE OF DEATH a. COUNTY <u>Charlton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Charlton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salt Creek</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salt Creek</u>		0210			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>C</u>				d. STREET ADDRESS (If rural, give location) <u>D</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gerard</u> b. (Middle) <u>Henry</u> c. (Last) <u>Jansen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 6 1950</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>Jan 9 1867</u>			
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		IF UNDER 15 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Johann B. Jansen</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Marie (unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>Amanda Tietjen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <u>Gerard Jansen</u> ADDRESS					
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) <u>Acute malnutrition</u>  ANTECEDENT CAUSES DUE TO (b) <u>Chronic Gastritis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>543X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>terminal</u>  <u>2yrs.</u>	
19a. DATE OF OPERATION <u>None</u>		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) m.		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>Dec. 1</u> , 19 <u>49</u> , to <u>Jan. 6</u> , 1950, that I last saw the deceased alive on <u>Jan. 6</u> , 19 <u>49</u> , and that death occurred at <u>12 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>G. P. Fowler</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Brunswick, Missouri</u>		23c. DATE SIGNED <u>Jan. 8, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 9 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>German</u>		24d. LOCATION (City, town, or county) (State) <u>Indian Grove</u>			
DATE REC'D BY LOCAL REG. <u>1-9-1950</u>		REGISTRAR'S SIGNATURE <u>Mildred Bruce</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer Funeral Home Brunswick Mo</u> ADDRESS					

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

RECEIVED FEB 1

District Health Center No. 8,

District File Number \_\_\_\_\_

Date Filed 2-1-50

**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, \_\_\_\_\_

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed A. L. Lipscomb

Licensed Embalmer No. 3970

P. O. Address Meritor M

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.