

FILED MAR 6 1950

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7282

7282

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>6103</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Scotland</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Arbela rural</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Scotland</u>	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Arbela rural 0990</u>		d. STREET ADDRESS (If rural, give location)		<u>D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
<u>John</u>	<u>WILLIAM</u>	<u>JANSEN</u>	<u>Feb.</u>	<u>20</u>	<u>1950</u>	<u>male</u>	<u>white</u>
(Type or Print)							
8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 2 HRS.	
<u>April 1-1884</u>		<u>65</u>		<u>10</u> <u>19</u>		<u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY	
<u>Farmer</u>		<u>married</u>		<u>Holland</u>		<u>U.S.A.</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
<u>John W. Jansen</u>		<u>Hellie</u>		<u>Mrs. Drathy Jansen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME			
				<u>Mrs. Drathy Jansen</u>			
				ADDRESS <u>Arbela Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				<u>10 minutes</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS				<u>4201</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
						YES <input type="checkbox"/> NO <input 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 <u>Feb 20, 1950</u> , to <u>Feb 20, 1950</u> , that I last saw the deceased <u>dead</u> on <u>Feb 20, 1950</u> , and that death occurred at <u>7:00 P. m.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
<u>E. E. Symmonds D.O.</u>				<u>Memphis Mo</u>		<u>Feb 23-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Feb 23/50</u>		<u>Black Oak Cem.</u>		<u>Tranger Mo.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>2/23/50</u>		<u>OTW</u>		<u>427</u>		<u>Bertling's Used, Kaloka Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 26 1955

RECEIVED

MAR 2 1950

District Health Officer No.

District File Number 2-57-1

Date Filed MAR 2 1950

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 Embalmer No.

Signed

Oliver L. Yetting

Signed.....
Student Embalmer

Licensed Embalmer No. 2965

P. O. Address

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.