

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36499

State File No. ....

FILED NOV 28 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 252

064

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

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. CITY <u>Cole</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> |  | c. LENGTH OF STAY (If in place) <u>1 week</u>  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bland</u> <u>0370</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>                                 |  | d. STREET ADDRESS (If rural, give location) <u>1</u>   |   |

|                                     |                           |                          |                          |                                       |                                   |
|-------------------------------------|---------------------------|--------------------------|--------------------------|---------------------------------------|-----------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Gustave</u> | b. (Middle) <u>Edwin</u> | c. (Last) <u>Jannick</u> | 4. DATE OF DEATH (Month) (Day) (Year) | <u>Nov.</u> <u>18</u> <u>1950</u> |
|-------------------------------------|---------------------------|--------------------------|--------------------------|---------------------------------------|-----------------------------------|

|                    |                               |  |                                      |   |   |   |
|--------------------|-------------------------------|--|--------------------------------------|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Feb. 11 1892</u> | 9. AGE (In years last birthday) <u>58</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
|--------------------|-------------------------------|--|--------------------------------------|---|---|---|

|  |   |  |  |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>**</u> | 11. BIRTHPLACE (State or foreign country) <u>Osage County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|---|--|--|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME <u>Henry Jannick</u> | 13b. MOTHER'S MAIDEN NAME <u>Barbara Dittmann</u> | 14. NAME OF HUSBAND OR WIFE <u>Marth Steiner Jannick</u> |
|---|---|--|

|   |                                   |  |                           |
|---|-----------------------------------|--|---------------------------|
| 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>Mrs. Olan Brumley</u> | ADDRESS <u>Bland, Mo.</u> |
|---|-----------------------------------|--|---------------------------|

|  |   |             |   |
|--|---|-------------|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br><u>4-5 yrs.</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>  |             |   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |             |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   | <u>443X</u> |   |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 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) (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 11-10- 1950, to 11-18, 1950, that I last saw the deceased alive on 11-18- 1950, and that death occurred at 5:55pm., from the causes and on the date stated above.

|                                    |  |                                 |                                  |
|------------------------------------|--|---------------------------------|----------------------------------|
| 23a. SIGNATURE <u>Earl S. Boyd</u> | (Degree or title) <u>reg. med. Jeff. City, Mo.</u> | 23b. ADDRESS <u>425 Madison</u> | 23c. DATE SIGNED <u>11/20/50</u> |
|------------------------------------|--|---------------------------------|----------------------------------|

|   |                             |  |  |
|---|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-22-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Bland Mo.</u> |
|---|-----------------------------|--|--|

|  |  |   |                           |
|--|--|---|---------------------------|
| DATE REC'D BY LOCAL REG. <u>Nov. 20-1950</u> | REGISTRAR'S SIGNATURE <u>R. P. Davis MD-MO</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Milford H. Winter</u> | ADDRESS <u>OWENSVILLE</u> |
|--|--|---|---------------------------|

RECEIVED 11-27-50

DISTRICT HEALTH OFFICE No. 3

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

Date Filed 11-27-50

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, or by me

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Melford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSKILLE 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.