

FILED MAR 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5788

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY ST. FRANCIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEADWOOD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEADWOOD	
d. FULL NAME OF HOSPITAL OR INSTITUTION LEADWOOD		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) FRED	b. (Middle) MARTIN	c. (Last) JANIS	FEB. 26 1951		

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT 10, 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 16	IF UNDER 24 HRS. Hours 16	IF UNDER 24 HRS. Min. 16
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST	10b. KIND OF BUSINESS OR INDUSTRY MEAT PACKING	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME JOSEPH JANIS	13b. MOTHER'S MAIDEN NAME MARTHA PATT.	14. NAME OF HUSBAND OR WIFE LUCY JANIS
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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. 505-05-6406A	17. INFORMANT'S SIGNATURE OR NAME CARL JANIS	ADDRESS LEADWOOD, MO
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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, asthma, 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) Hypertensive Cardiovascular renal disease		Not known
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		442 X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatism		Not known	

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) (Min.)	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 **Jan 20, 1951**, to **Feb 26, 1951**, that I last saw the deceased alive on **Feb 24, 1951**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John W. Duntz M.D.	(Degree or title)	23b. ADDRESS Leadwood Mo	23c. DATE SIGNED 2/27/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/1/1951	24c. NAME OF CEMETERY OR CREMATORY MITCHELL CEMETERY	24d. LOCATION (City, town, or county) (State) ST. FRANCIS COUNTY, MO
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DATE REC'D BY LOCAL REG. March 1, 1951	REGISTRAR'S SIGNATURE Ether Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE Butch Bayer	ADDRESS Leadwood, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

940

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 5 1951

RECEIVED

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.

Student
Student Embalmer

Signed

William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.