

FILED AUG 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26658

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 State File No. _____ Registrar's No. 713

1. PLACE OF DEATH a. COUNTY <u>GREENE</u> <u>0390</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Gasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield South Gambell twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CARTHAGE Rural Madison</u> <u>0490</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3 Carthage, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u> b. (Middle) <u>Russell</u> c. (Last) <u>JANNEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 19 1951</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>Dec. 8 1869</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Carthage, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Janney</u>		13b. MOTHER'S MAIDEN NAME <u>Paulina Stephens</u>	
14. NAME OF HUSBAND OR WIFE <u>Fannie Janney</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Clayton Hill</u> ADDRESS <u>Route 3 Springfield</u>	
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 Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Atherosclerotic Coronary Arteriosclerosis</u> <u>3 weeks</u>	
		DUE TO (c) <u>Generalized arteriosclerosis</u> <u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	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) <u>none</u>	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>8/2</u> , 1951, to <u>8/19</u> , 1951, that I last saw the deceased alive on <u>8/19</u> , 1951, and that death occurred at <u>8:10 A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>William J. Dant, M.D.</u>		23b. ADDRESS <u>609 Cherry, Springfield</u>	23c. DATE SIGNED <u>8/19/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 21, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carthage Mo</u>
DATE REC'D BY LOCAL REG. <u>8-20-51</u>	REGISTRAR'S SIGNATURE <u>W.E. Handlyouid</u>	25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Knell Mortuary, Carthage Mo</u>	

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

Original of record 12

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.....

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.