

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39423

State File No.

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>La Plata</u>		c. CITY OR TOWN <u>La Plata Mo.</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Bradley</u> c. (Last) <u>Janner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-17-1952</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar: 10, 1855</u>	9. AGE (In years last birthday) <u>97</u>	10. MONTHS <u>8</u>	11. DAYS <u>7</u>	12. IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hardware Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Store</u>		11. BIRTHPLACE (State or foreign country) <u>Macon County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
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13a. FATHER'S NAME <u>Elijah Janner</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Yates Janner</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Elaine Janner</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth J. Jansil</u> ADDRESS <u>La Plata, Mo.</u>			
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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, asthenia, 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) <u>Chemia</u>		DUE TO (b) <u>Chronic hepatitis</u>						1 week	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arteriosclerosis</u>						5 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Secondary anemia</u>						15 years	
19a. DATE OF OPERATION		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 Nov 7, 1951, to Nov 17, 1952, that I last saw the deceased alive on Nov 10, 1952, and that death occurred at 6:45 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Delphus Gillet D.O.</u>		23b. ADDRESS <u>La Plata, Mo.</u>		23c. DATE SIGNED <u>11-18-1952</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-19-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>La Plata Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Nov 19 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs O B Jupp</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.S. Gruber</u> ADDRESS <u>La Plata Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 4 1963

RECEIVED 11-20-52
MAGN COUNTY HEALTH DEPARTMENT
County File No. 11-52-175
Date Filed 11-28-52 Jpe

JAN 24 1963

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 *D. S. Kristie*

Licensed Embalmer No. *1109*

P. O. Address *La Plata 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.