

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29689

State File No.

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6057 Registrar's No. 191

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

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebraska</u> b. COUNTY <u>Gage</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. LENGTH OF STAY (In this place) <u>32 Yrs.</u>	c. CITY OR TOWN <u>Beatrice</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Emmaus Home</u>			e. STREET ADDRESS (If rural, give location) <u>Unknown</u> <u>8260 8</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>		b. (Middle) <u>MARIE</u>	c. (Last) <u>JANSEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 26, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 12, 1880</u>	9. AGE (To years last birthday) (Months) (Days) (Hours) (Min.) <u>73 4 14</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Nebraska</u>	12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Peter Jansen</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Penner</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Theophil Stoerker, St. Charles, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Embolism of Renal artery in life</u> DUE TO (c) <u>Lipodystrophy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>2892</u>				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) (Min.)		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>Aug 1st, 1953</u> to <u>Aug 26th, 1953</u> that I last saw the deceased alive on <u>Aug 25th, 1953</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Ed Erich Schieb M.D.</u>			23b. ADDRESS <u>St. Charles Mo.</u>		23c. DATE SIGNED <u>Aug 26/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>August 26, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Beatrice Ceme</u>		24d. LOCATION (City, town, or county) (State) <u>Beatrice, Nebraska</u>	
DATE REC'D BY LOCAL REG <u>Aug 26 1953</u>	REGISTRAR'S SIGNATURE <u>Francis Bennett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hughes C. Bane, St. Charles Mo.</u>		

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.....
Signature of Student Embalmer

Signed *Clarence M. Billa*.....

Licensed Embalmer No. *4375*.....

P. O. Address *St. Charles 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.