

FILED JUN 28 1954

STANDARD CERTIFICATE OF DEATH

State File No. 18522

BIRTH NO. REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4190 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): a. STATE MISSOURI b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BLAND		c. CITY OR TOWN BLAND,	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: died in ambulance		e. STREET ADDRESS (If rural, give location) 0320	

3. NAME OF DECEASED (Type or Print) a. (First) LEON KEITH JANNICK b. (Middle) c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 16th 1954
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 26th 1937	9. AGE (In years last birthday) 17 yrs	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME HENRY F. JANNICK	13b. MOTHER'S MAIDEN NAME OPAL (Thompson) JANNICK	14. NAME OF HUSBAND OR WIFE
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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. ?	17. INFORMANT'S SIGNATURE OR NAME Mrs. Opal Jannick - Bland, Mo	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound in		INTERVAL BETWEEN ONSET AND DEATH 20 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left scapular area jumping DUE TO (c) Lung tissue - Actual		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cause, Excessive Alcohol		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E981X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bland Gasconade Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-16-54 8:15 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 19 to 6-16, 1954, that I last saw the deceased alive on 6-16, 1954, and that death occurred at 8:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William A. Fedler D.O.	23b. ADDRESS Bland, Mo	23c. DATE SIGNED 6-21-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 20-1954	24c. NAME OF CEMETERY OR CREMATORY FRANCIS CEMETERY	24d. LOCATION (City, town, or county) (State) OSAGE COUNTY, MO
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DATE REC'D BY LOCAL REG. June 23, 1954	REGISTRAR'S SIGNATURE Mrs. Marvin Apprey	493-0	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0370

JUN 7 1955

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 *S. L. Muel*.....

Licensed Embalmer No. *3397*.....

P. O. Address *Rolle, Va*.....

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.