

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 11 1957

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 271

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|---|--|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Butler</u> | a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Poplar Bluff 01240</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1826 S. 11 Th.</u> | Length of stay in 1b <u>12 yrs.</u> | d. STREET ADDRESS (If outside, give location) <u>1826 S. 11 Th.</u> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|-------------------------------|---|--|---|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | |
| First <u>JAMES</u> | Middle <u>FELIX</u> | Last <u>JANIS</u> | Month <u>April</u> | Day <u>4</u> Year <u>1957</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 15, 1868</u> | 9. AGE (In years last birthday) <u>88</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u> | 11. BIRTHPLACE (City and state or country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13. FATHER'S NAME <u>Julius Janis</u> | | 14. MOTHER'S MAIDEN NAME <u>Martha Vandener</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>No None</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Ella Janis, Poplar Bluff, Mo.</u> | |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis Heart Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | 19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____ |

21. I attended the deceased from _____, to _____ and last saw her him alive on _____
Death occurred at 3:10 am m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|---|---------------------------------------|--------------------------------|
| 22a. SIGNATURE (Degree or title) <u>Frank E. Dinelli MD</u> | 22b. ADDRESS <u>Poplar Bluff, Mo.</u> | 22c. DATE SIGNED <u>4-4-57</u> |
|---|---------------------------------------|--------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4-6-1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Cool Springs Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Wayne County, Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Greer Croy & Fitch, Poplar Bluff, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>4/5/57</u> | 26. REGISTRAR'S SIGNATURE <u>B. H. Mueller</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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APR 8 1967

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *J. Bay P. Adams* _____

Licensed Embalmer No. *449*

P. O. Address *Adams, Bay P.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.