

Health, Welfare, Public Service

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1957

28415

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 387

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sugar Creek Independence		c. CITY OR TOWN Sugar Creek	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence San		d. STREET ADDRESS (If outside, give location) 11503 Hackett	

3. NAME OF DECEASED (Type or print) First Harry Middle Joseph Last Jansen	4. DATE OF DEATH Month 8 Day 31 Year 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 1, 1874	9. AGE (In years last birthday) 82	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Marble Setter	11. BIRTHPLACE (City and state or country) St Louis Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Marble Setter	10b. KIND OF BUSINESS OR INDUSTRY Carthage Marble	11. BIRTHPLACE (City and state or country) St Louis Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wm Jansen	13b. MOTHER'S MAIDEN NAME Ink	14. NAME OF HUSBAND OR WIFE Barbara Gahn
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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. 495-10-6464	17. INFORMANT Harry Jansen Jr 11503 Hackett	Address
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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) Pulmonary Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 96 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute Cerebral Vasculature accident	10 days
	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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) 331X
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Feb 1957 to Aug 31 1957 and last saw him alive on Aug 31 1957 Death occurred at 11:52 a.m. on the date stated above; and to the best of my knowledge from the causes stated.
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22a. SIGNATURE E. H. Korsch	(Degree or title) MD	22b. ADDRESS 10901 Winnie Rd Independence Mo	22c. DATE SIGNED Sept 2, 1957
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/3/57	23c. NAME OF CEMETERY OR CREMATORY Mt Olivet	23d. LOCATION (City, town, or county) K.C. Mo	(State)
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24. FUNERAL DIRECTOR Sheil Funeral Home	ADDRESS K.C. Mo	25. DATE RECD. BY LOCAL REG. 9-2-57	26. REGISTRAR'S SIGNATURE [Signature]
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Richard E. Carroll

Licensed Embalmer No. 4829
P. O. Address K.C. 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.