

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040016  
STATE FILE NUMBER

FILED DEC 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5377

5. 300  
1-57 0

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Parkville</u> 6830 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>Lutheran Hosp</u> Length of stay in lb <u>30da</u>		d. STREET ADDRESS (If outside, give location) <u>770 2 - Bx 14</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Susan Sunbeam Jantzen</u>			4. DATE OF DEATH Month Day Year <u>Nov. 11 - 1958</u>
5. SEX <u>Female</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>July 26 - 1896</u>
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Lansing Kansas</u>
10a. FATHER'S NAME <u>Jess Carothers</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. MOTHER'S MAIDEN NAME <u>Annie Herbold</u>		14. NAME OF HUSBAND OR WIFE <u>Wm H Jantzen</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Wm H Jantzen</u> Address <u>Parkville MO.</u>
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>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) <u>Right Arterio Sclerotic Aneurysm</u> DUE TO (c) <u>Secondary Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 or 4 hrs</u> <u>4 Wks.</u> <u>20 min.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>330X</u>			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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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
21. I attended the deceased from <u>Oct 7, 1958</u> , to <u>Nov 11, 1958</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>Nov. 10, 1958</u> Death occurred at <u>9:00 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Edw. H. Fischer M.D.</u>		22b. ADDRESS <u>306 E. 21st</u>	22c. DATE SIGNED <u>Nov 11 - 58</u>
23a. BURIAL OR CREMATION, (Specify)	23b. DATE <u>Nov 14 - 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Parkville MO</u>
24. FUNERAL DIRECTOR <u>Selaud N. Francis</u> ADDRESS <u>Parkville</u>		25. DATE RECD. BY LOCAL REG. <u>11-13-58</u>	26. REGISTRAR'S SIGNATURE <u>Neve Marshall</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Edw. H. Fischer

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 Shaddon C. Francis, Student Embalmer No. 570

working under my personal supervision.

Student

Shaddon C. Francis  
Signature of Student Embalmer

Signed

Shaddon C. Francis  
401 main st 3451  
Licensed Embalmer No. 3451  
P. O. Address Farkville, W. 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.