

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030012

FILED VS SEP 3 1959

275

Primary Registration District No. 3053

Registrar's No. 158

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler Co			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Length of stay in 1b 14 Months		c. CITY OR TOWN Poplar Bluff		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McFarland Nursing Home				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) unknown	
3. NAME OF DECEASED (Type or print) First JOHN Middle .. Last JANSEN				4. DATE OF DEATH Month Aug. Day 25 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH unknown	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway employee		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific Ry.		11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY No record.	
13a. FATHER'S NAME Martin Jansen			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No record			16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Nursing Home records..Rolla Mo.,		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Virus pneumonia							INTERVAL BETWEEN ONSET AND DEATH 4-5 days
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) Scirrhity						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m. _____		Month, Day, Year _____					
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
21. I attended the deceased from June 30, 1959 to 8-25-59 and last saw him alive on 8-21-59 Death occurred at 10:00A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. E. Farid M.D. (Degree or title)				22b. ADDRESS Rolla mo			22c. DATE SIGNED 8-26-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-25-59	23c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery		23d. LOCATION (City, town, or county) Pocahontas, Arkansas.		(State)	
24. FUNERAL DIRECTOR ADDRESS Null & Sons Funeral Home..Rolla BY Paul E. Null			25. DATE RECD. BY LOCAL REG. Aug 26, 1959		26. REGISTRAR'S SIGNATURE Nadine L. Stoll		

DEED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 6 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Paul E. Nub

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

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