

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-001339

FILED VS JAN 12 1960

Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 16

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Iron				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Iron Township		Length of stay in 1b 3 years		c. CITY OR TOWN Ironton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Bellevue Valley Nursing Home			Inside Limits No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 426 North Main		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Henry Middle Gustav Last Janke				4. DATE OF DEATH Month January Day 3 Year 1960				
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 10/29/1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY merchant		11. BIRTHPLACE (City and state or country) Pilot Knob, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Herman Janke			13b. MOTHER'S MAIDEN NAME Minnie Schmidt		14. NAME OF HUSBAND OR WIFE Martha Sherrill Janke			
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. none		17. INFORMANT Address Mrs Frank Wilson, Ironton, 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) Coronary occlusion						INTERVAL BETWEEN ONSET AND DEATH 5 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerotic heart disease								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 7-23-59 to 1-3-60 and last saw her him live on 12-9-59 Death occurred at 9.00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Marvin Menne, MD</i>				22b. ADDRESS 109 N. Main, Ironton, Missouri		22c. DATE SIGNED 1-4-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/6/1960	23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Mem. Park		23d. LOCATION (City, town, or county) Ironton, Missouri		(State)		
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton, Mo. <i>Arnold White</i>				25. DATE RECD. BY LOCAL REG. Jan 9 1960	26. REGISTRAR'S SIGNATURE <i>Mrs Elizabeth Logan</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Ironton, 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.