

JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024260

FILED VS JUL 12 1960

316

Primary Registration District No.

Registrar's No.

270

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL</u>		Length of stay in 1b		c. CITY OR TOWN <u>Leadwood</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cliff on Big River located on farm near Leadwood</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Farm near Big River</u>	
3. NAME OF DECEASED (Type or print) First <u>Carl</u> Middle <u>E.</u> Last <u>Janis</u>				4. DATE OF DEATH Month <u>July</u> Day <u>2</u> Year <u>1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-21-1904</u>	9. AGE (last birthday) <u>55</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>		11. BIRTHPLACE (City and state or country) <u>Leadwood, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Janis</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Eaton</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W W I I</u>			16. SOCIAL SECURITY NO. <u>505-05-5785</u>		17. INFORMANT <u>Aubrey Janis, Leadwood, 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>crushed skull and multiple injuries</u> DUE TO (b) <u>after investigation inquest</u> DUE TO (c) <u>deemed not necessary</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" 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.) <u>Fell from cliff about 40 ft.</u>					
20c. TIME OF INJURY Hour <u>12:30</u> a.m. Month, Day, Year <u>7/2/60</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		20f. CITY, TOWN, OR LOCATION <u>near Leadwood</u>		COUNTY <u>St. Francois</u>		STATE <u>Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>12:30</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Bert L. Miller</u> <u>Coroner</u>				22b. ADDRESS <u>Farmington, Mo</u>		22c. DATE SIGNED <u>7/5/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/6/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Leadwood Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Leadwood, Missouri</u>	
24. FUNERAL DIRECTOR <u>Bert L. Boyer, Leadwood, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>July 6, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 13 1960

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

Carl L. Bay

Licensed Embalmer No. *3495*

P. O. Address *Ladewoo*

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.