

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-031759

FILED VS. AUG 16 1960 3/6

Primary Registration District No. 3059 Registrar's No. 315

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b 2 yrs	c. CITY OR TOWN Bonne Terre Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 105 SW Main St		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 105 SW Main St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) George Mark Janzekovich Jr			4. DATE OF DEATH Month Aug Day 9 Year 1960
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-3-1919
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Checker		10b. KIND OF BUSINESS OR INDUSTRY Motor Freight	9. AGE (last birthday) 41 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) Taylor Springs Ill		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME George M Janzekovich		13b. MOTHER'S MAIDEN NAME Anne Ratkie	14. NAME OF HUSBAND OR WIFE Roberta Hartford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes: WW II		16. SOCIAL SECURITY NO.	17. INFORMANT Address Roberta Janzekovich Bonne Terre
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed to be natural causes. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (Investigated by Berl Miller, Coroner of St. Francois County, Missouri.) DUE TO (c) _____ 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			INTERVAL BETWEEN ONSET AND DEATH
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 building, etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ether Rudloff, Local Registrar		22b. ADDRESS Realty Bldg., Farmington, Missouri	
22c. DATE SIGNED 8-12-60		22d. DATE RECD. BY LOCAL REG.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-13-60	
23c. NAME OF CEMETERY OR CREMATORY St Francois Mem Park		23d. LOCATION (City, town, or county) (State) St Francois County Mo	
24. FUNERAL DIRECTOR C.Z. Boyer & Son, Inc. Bonne Terre, Mo.		25. DATE RECD. BY LOCAL REG. Aug. 13, 1960	
26. REGISTRAR'S SIGNATURE Ether Rudloff			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 19 1960

VS FEB 24 1961

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SEP 19 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

Emerald Sparks

Licensed Embalmer No. *4287*

P. O. *Boam Torre*

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.