

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001973

FILED VS JAN 17 1961 164

3032

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STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Johnson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Length of stay in lb 30 Yrs.		c. CITY OR TOWN Warrensburg		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Warrensburg Medical Center Inc.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 817 S. Maguire		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First James Middle Janes Last Janes				4. DATE OF DEATH Month Jan. Day 12 Year 1961									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-1-71		9. AGE (last birthday) 89		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 Farmer				10b. KIND OF BUSINESS OR INDUSTRY Gen Farming		11. BIRTHPLACE (City and state or country) Johnson Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Joab H. Janes				13b. MOTHER'S MAIDEN NAME Nancy W. Patrick				14. NAME OF HUSBAND OR WIFE none					
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 Miss Nannie Janes, Warrensburg, 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) Myocardial Infarction										INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease													
DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Lesion of sigmoid colon - undiagnosed								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 2-18-59 to 1-12-61 and last saw him alive on 1-11-61 Death occurred on 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.						22b. ADDRESS Warrensburg, Missouri.			22c. DATE SIGNED 1-18-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-14-61		23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery		23d. LOCATION (City, town, or county) Windsor Missouri		(State)					
24. FUNERAL DIRECTOR Sweeney Phillips, Warrensburg, Mo.				ADDRESS		DATE RECD. BY LOCAL REG. Jan. 14, 1961		25. REGISTRAR'S SIGNATURE <i>[Signature]</i>					

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 by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Mavis W. Bailey

Licensed Embalmer No. 4887

P. O. Address Warrensburg, Mis.

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.