

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030497

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No.          Registrar's No. 345

AMENDED

FILED SEP 12 1961

1. PLACE OF DEATH a. COUNTY <u>St Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Mo</u> b. COUNTY <u>/St Francois</u> (Institution)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Twp Farmington -Rural</u>		Length of stay in 1b <u>1 yr</u>	c. CITY OR TOWN <u>Bonne Terre</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>Home Thomas Dell Nurseing</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RR# 1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Nathan</u> Middle <u>Andrew.</u> Last <u>Janis</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>29</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-1-1875</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>        </u> Days <u>        </u> Hours <u>        </u> Min. <u>        </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>St Francois County US</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>Vetal Janis</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Molly Sigman Janis</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Jewell Janis RR# 1 Bonne Terre, Mo.</u> Address			
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>Arteriosclerosis (Heart Dis) 2-3 mo</u> DUE TO (b) <u>Senility</u> DUE TO (c) <u>        </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>        </u>	
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 <u>        </u> a.m. <u>        </u> p.m. <u>        </u>	Month, Day, Year <u>        </u>					
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 <u>1960</u> to <u>Aug 29, 1961</u> and last saw <sup>her</sup> him alive on <u>Aug 28, 1961</u> Death occurred at <u>6:15 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>R. A. Huckstep MD</u> (Degree, or title)			22b. ADDRESS <u>Farmington Mo</u>		22c. DATE SIGNED <u>9/5/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept 1, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Marvin Chapel</u>	23d. LOCATION (City, town, or county) <u>Bonne Terre, Mo</u> (State)			
24. FUNERAL DIRECTOR <u>C. Z. Boyer &amp; Son, Inc. Bonne Terre, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Sept 5, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Ether Redloff</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

**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 Burkin T. Boyer Jr

Licensed Embalmer No. 5117

P. O. Address Bonne Terre, 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.