

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044141

STATE FILE NUMBER

AMENDED

Registration District No. 113 Primary Registration District No. 5430 Registrar's No. 98

FILED DEC 18 1961

DATE AMENDED

INSTEAD OF DOCUMENT

BY AFFIDAVIT OF ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Central Twp.</b>		Length of stay in 1b <b>70 yrs</b>	c. CITY OR TOWN <b>St. Clair</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Route 2</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>George Arthur Jahn</b>			4. DATE OF DEATH Month Day Year <b>Dec. 7, 1961</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 9, 86</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	9. AGE (last birthday) <b>74</b>
11. BIRTHPLACE (City and state or country) <b>Jefferson Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Omar Jahn</b>		13b. MOTHER'S MAIDEN NAME <b>Isabell Brazeale</b>	14. NAME OF HUSBAND OR WIFE <b>Elsie Jahn</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>John Simpson St. Clair, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACUTE CORONARY THROMBOSIS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>MINUTES</b>
DUE TO (b) <b>ARTERIOSCLEROSIS</b>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>INFLUENZA WITH POSSIBLE PNEUMONIA</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <b>1961</b> to <b>1961</b> and last saw her him alive on <b>Oct 10-1961</b> Death occurred at <b>1030 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Robert [Signature]</b>		22b. ADDRESS <b>Sullivan, Mo.</b>	22c. DATE SIGNED <b>Dec 8-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/9/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Anaconda Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Clair, Mo.</b>
24. FUNERAL DIRECTOR <b>Casey Lenox</b>	ADDRESS <b>St. Clair, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Dec 9-61</b>	26. REGISTRAR'S SIGNATURE <b>Shirley Smith [Signature]</b>

DEC 22 1961

**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: *R. M. Levant*

Licensed Embalmer No. 3601

P. O. Address *H. Davis, 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.