

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025649

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 34
FILED JUL 2 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 09-51
2 09-51
3 2
4 1
5 0
6
7 0
8 2
9 4200
10
11
12 90-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STE. GENEVIEVE		Length of stay in 1b 88YRS	c. CITY OR TOWN STE. GENEVIEVE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 199 MERCHANT STREET		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 199 MERCHANT STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ODILE MARY JANIS			4. DATE OF DEATH Month Day Year JUNE 25TH. 1962
5. SEX FEMALE	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 4-26-1874
9. AGE (last birthday) 88		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER		10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SCHOOL	11. BIRTHPLACE (City and state or country) STE. GENEVIEVE, MO
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JULES JANIS	
13b. MOTHER'S MAIDEN NAME MARY BOVERIE		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) NO		16. SOCIAL SECURITY NO.	17. INFORMANT JOSEPH JANIS Address 7338 COLGATE ST. LOUIS, 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) <u><i>Arteriosclerotic Heart disease</i></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u><i>General arteriosclerosis</i></u> DUE TO (c)			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 checked="" 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 <u><i>Jan 6, 1958</i></u> to <u><i>Jan 28, 1962</i></u> and last saw her <u><i>live</i></u> on <u><i>June 25, 1962</i></u> Death occurred at <u><i>8:15 AM</i></u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u><i>Rb. Lanning M.D.</i></u> (Name or title)		22b. ADDRESS <u><i>Ste. Genevieve Mo</i></u>	22c. DATE SIGNED <u><i>6/25/62</i></u>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-27-1962	23c. NAME OF CEMETERY OR CREMATORY CALVARY	23d. LOCATION (City, town, or county) (State) STE. GENEVIEVE, MISSOURI
24. FUNERAL DIRECTOR JEROME H. STANTON ADDRESS STE. GENEVIEVE, MO		25. DATE RECD. BY LOCAL REG. <u><i>27 June 1962</i></u>	26. REGISTRAR'S SIGNATURE <u><i>George F. Wood</i></u>

USE BLACK INK OR TYPEWRITER RIBBON

JUL 25 1962

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 *James S. [Signature]*

Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, 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.