MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047675
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 435

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 28 1962

VS 300
Rev. 4/59

1 0648
2 06482
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4 0
5 1
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7 1
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12 1-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Levering Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location): 914 Ely
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First WALTER Middle C. Last JANVRIN
4. DATE OF DEATH: Month December Day 19 Year 1962
December 19, 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov. 4, 1884
9. AGE (last birthday): 78
If UNDER 1 YEAR: Months 1 Days 15 Hours Min.
If UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Button Cutter
10b. KIND OF BUSINESS OR INDUSTRY: Self Employes
11. BIRTHPLACE (City and state or country): Pecatonica Illinois
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: William Janvrin
13b. MOTHER'S MAIDEN NAME: Martha
14. NAME OF HUSBAND OR WIFE: Maggie Spicer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Walter C. Janvrin Address: Hannibal Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Septal Massive Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROTIC HEART DISEASE — YEARS
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): BLADDER CALCULUS

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 9:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John F. Chisham (Degree or title) M.D.
22b. ADDRESS: B & L BUILDING CITY
22c. DATE SIGNED: 12-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/21/1962
23c. NAME OF CEMETERY OR CREMATORY: Grand View Burial Park
23d. LOCATION (City, town, or county) (State): Hannibal Missouri

24. FUNERAL DIRECTOR ADDRESS: Smith Funeral Home Hannibal Missouri
25. DATE RECD. BY LOCAL REG.: Dec 20, 1962
26. REGISTRAR'S SIGNATURE: Dr E M Lucke by Lillian M Herman

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.

Permit issued 12-20-67