

FILED

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 6071 Registrar's No. 184

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/70

DECEASED—NAME 1. Jewell B. Janis			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. April 14, 1972		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White		AGE—LAST BIRTHDAY (YEARS) 5a. 74	UNDER 1 YEAR 5b. MOS.	UNDER 1 DAY 5c. HOURS	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Aug. 26, 1897	COUNTY OF DEATH 7a. St. Francois
CITY, TOWN, OR LOCATION OF DEATH 7b. Bonne Terre			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. RFD # 1			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Maude P. (Patterson) Janis
SOCIAL SECURITY NUMBER 12. 496-40-2315		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Farmer		KIND OF BUSINESS OR INDUSTRY 13b.		
RESIDENCE—STATE 14a. Missouri		COUNTY 14b. St. Francois	CITY, TOWN, OR LOCATION 14c. Bonne Terre		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. No	STREET AND NUMBER 14e. RFD # 1
FATHER—NAME 15. Nathan Janis			MOTHER—MAIDEN NAME 16. Rebecca Mackley			
INFORMANT—NAME 17a. Maude P. Janis			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. RFD # 1, Bonne Terre, Missouri. 63628			
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) Presumed to be natural causes DUE TO, OR AS A CONSEQUENCE OF:			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) DUE TO, OR AS A CONSEQUENCE OF:						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) Coroner investigated - called in information			AUTOPSY (YES OR NO) 19a. NO		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.		DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.		
INJURY AT WORK (SPECIFY YES OR NO) 20e.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. _____ TO 21b. _____		AND LAST SAW HIM/HER ALIVE ON 21c. _____		I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. _____		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. _____
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a. APPROX. 12 NOON M.						
CERTIFIER—NAME (TYPE OR PRINT) 23a. M. L. DAY, Local Registrar		SIGNATURE 23b. <i>M. L. Day</i>		DEGREE OR TITLE 23c. Local Registrar		DATE SIGNED (MONTH, DAY, YEAR) 23d. April 15, 1972
MAILING ADDRESS—CERTIFIER 23e. 310 OVERTON ST., FARMINGTON, MO. 63640						
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Aulsbury Chapel Cemetery		LOCATION 24c. R.R. Bonne Terre, Missouri		
DATE 24d. April 17, 1972		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Miller Funeral Home, Inc. 115 W. Columbia, Farmington, Mo. 63640				
FUNERAL DIRECTOR—SIGNATURE 25a. <i>Paul J. Miller</i>			REGISTRAR—SIGNATURE 25b. <i>M. L. Day</i>		DATE RECEIVED BY LOCAL REGISTRAR 25c. April 15, 1972	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in PERMANENT BLACK INK. See handbook for instructions.

9. 29
10a. 29
10b. 187
11. 04502
12.
13. 3
14. 2
15. 7963
16.
17.
18.
19. CREDITS
20.

6. 9001

APR 28 1972

MAY 15 1972

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 *Paul K. Dugal*

Licensed Embalmer No. 4120

P. O. Address Farmington Nw

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.