

FILED JAN 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39553

State File No. ....

BIRTH NO. 52 REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5181 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY OR TOWN <u>Rural - Applecreek Twp</u> c. LENGTH OF STAY (in this place) <u>79 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Applecreek Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi. north of Jackson, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi. north of Jackson, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) <u>Jambach</u> c. (Last) <u>Jambach</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-30-1948</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 17, 1871</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Friedrichs</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Kleinsawyer</u>	
14. NAME OF HUSBAND OR WIFE <u>Chas. Jambach, deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>93D</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willard Jambach, Jackson, Mo.</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  <u>93D</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Myo Carditis</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson Cape Gir. - MO</u>	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	
22. I hereby certify that I attended the deceased from <u>Jan 4, 1949</u> to <u>Dec 30, 1948</u> , that I last saw the deceased alive on <u>Dec 20, 1948</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. G. Sibley M.D.</u>		23b. ADDRESS <u>Jackson Mo</u>	23c. DATE SIGNED <u>1-1-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-1-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St John</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Mo 2 U</u>
DATE REC'D BY LOCAL REG. <u>1-3-49</u>	REGISTRAR'S SIGNATURE <u>D. G. Sibley</u> 43	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson, Walter - Souburg, Jackson Mo</u> ADDRESS	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

16  
9

RECEIVED

District Health Officer No. Y

District File Number 149-40

Date Filed 1-4-49

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**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.

Signed R. O. Laine

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4538

P. O. Address Jackson, 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 this body is not embalmed, fact should be so stated above.