

FILED JAN 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3872

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 6246 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Concord		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Concord	
c. LENGTH OF STAY (in this place) life		110	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile south of Irondale		d. STREET ADDRESS (If rural, give location) 1 mile south of Irondale	

3. NAME OF DECEASED (Type or Print) John Mahlon Jamison	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan. 14 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 2 1867	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 0 Days 12	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Irondale Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Jamison	13b. MOTHER'S MAIDEN NAME Susan Margaret Hughes	14. NAME OF HUSBAND OR WIFE Evangeline White Jamison
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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'S SIGNATURE OR NAME ADDRESS William H. Jamison Irondale Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  1945-
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) Cerebral Hemorrhage		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		410X <sup>2</sup>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 7, 1947, to Jan 14, 1949, that I last saw the deceased alive on Jan 13, 1949, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Gus W. Hoffmann M.D.	23b. ADDRESS Bismarck Mo	23c. DATE SIGNED 1-19-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-16-49	24c. NAME OF CEMETERY OR CREMATORY Presbyterian	24d. LOCATION (City, town, or county) (State) Caledonia Mo.
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DATE RECD BY LOCAL REG. 1-20-49	REGISTRAR'S SIGNATURE Dencie Eichenberger	338	25. FUNERAL DIRECTOR'S SIGNATURE P. White	ADDRESS White Funeral Home Ironton Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District Health Officer No. 4  
District File Number 149-133  
Date Filed 1-24-49

**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 [Handwritten Signature]

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

Licensed Embalmer No. 3012

P. O. Address [Handwritten Address]

**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.