

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 13505

BIRTH NO.		REG. DIST. NO. <u>314</u>	PRIMARY REG. DIST. NO. <u>6059</u>	Registrar's No. <u>15</u>
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Kansas</u> b. COUNTY <u>Collins</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Collins (Rural)</u>		c. LENGTH OF STAY (In this place) <u>8 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Linden</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Collins Township</u>		d. STREET ADDRESS (If rural, give location) <u>20</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>P.</u> c. (Last) <u>Jeters</u>		4. DATE OF DEATH <u>4-2-49</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11/30/1895</u>	9. AGE (In years last birthday) Months Days Hours Mins. <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				
13a. FATHER'S NAME <u>Ryland Jeter</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Jeter</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sally Jeter Collins Mo</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina pectoris</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/20/49</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
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?
22. I hereby certify that I attended the deceased from <u>Jan 16, 1946</u> , to <u>Apr 2, 1949</u> , that I last saw the deceased alive on <u>11-6-48</u> , and that death occurred at <u>6:30 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>D. E. D. Brown</u>		23b. ADDRESS <u>Do L. Collins Mo.</u>		23c. DATE SIGNED <u>4-6-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/6/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>	24d. LOCATION (City, town, or county) (State) <u>Collins Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-4-1949</u>		REGISTRAR'S SIGNATURE <u>Ruth Seavers 288</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. B. ... Collins Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED  
District Health Officer No.  
District File Number 3-49-5  
Date Filed 4-27-4

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 .....  
Student Embalmer

Signed J. B. Broadwick

Licensed Embalmer No. 3038

P. O. Address Peveale, MD

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.