

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23031**

FILED JUL 23 1949

BIRTH NO. _____		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>5429</u>		Registrar's No. <u>12</u>			
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Beaufort Mo</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Beaufort, Mo</u>		30			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Beaufort Mo Hospital</u>				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) <u>Iola</u>			b. (Middle) <u>Jemine</u>		c. (Last) _____				
4. DATE OF DEATH (Month) (Day) (Year) <u>June 27 1949</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>			
8. DATE OF BIRTH <u>Feb 21 1881</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>6</u>		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Casco Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Frederick Bernhardt</u>			13b. MOTHER'S MAIDEN NAME <u>Amelia Peters</u>		14. NAME OF HUSBAND OR WIFE <u>F W Jemine</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>E H Jemine</u> ADDRESS <u>Beaufort 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>Acute cardiac dilatation sudden</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Chronic Myocarditis</u>				DUE TO (c) <u>Chronic Arterial Hypertension</u> 1949	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Obesity</u>				<u>4222</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>				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>12-13</u> , 19 <u>39</u> , to <u>6-27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-20</u> , 19 <u>49</u> , and that death occurred at <u>9.0</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>E H Jemine</u> (Degree or title) _____				23b. ADDRESS <u>Beaufort, Mo</u>		23c. DATE SIGNED <u>6-28-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>6-30-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Johns Evluth</u>		24d. LOCATION (City, town, or county) (State) <u>Beaufort, Mo</u>			
DATE REC'D BY LOCAL REG <u>6-28-49</u>		REGISTRAR'S SIGNATURE <u>E H Jemine</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter</u>		ADDRESS <u>Midford N B Winter</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

36
0
0

RECEIVED JUL 21 1949
District Health Officer No. 9,
District File Number

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 She

Student Embalmer No.

working under my personal supervision.

Signed Wiegand H F Wint

Licensed Embalmer No. 3838

Signed
Student Embalmer

P. O. Address Quincyville 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.