

No. 300  
10-48

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34312**

53

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>5678</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Waverly Twshp.</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Waverly Twshp.</b>		57 0 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>near Louisville, Mo..</b>				d. STREET ADDRESS (If rural, give location) <b>2 mile south of Louisville</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>OLIVER</b> b. (Middle) <b>MOORE</b> c. (Last) <b>JAMIESON</b>			4. DATE OF DEATH <b>Oct. 13, 1949</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug. 13, 1925</b>		9. AGE (In years last birthday) <b>24</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>construction work</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Clarence Jamieson</b>		13b. MOTHER'S MAIDEN NAME <b>Pearl Gillum</b>		14. NAME OF HUSBAND OR WIFE <b>Mildred (Grawe) Jamieson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>World War Two</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mildred Jamieson</b>		ADDRESS <b>Eolia, Mo.</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Brain</b> 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) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				197X	
19a. DATE OF OPERATION <b>May 1949</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Brain</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>June 19, 1949</u> , to <u>10-13, 1949</u> , that I last saw the deceased alive on <u>10-1, 1949</u> and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. M. Mathews, M.D.</b> (Degree or title)				23b. ADDRESS <b>Bowling Green Mo</b>		23c. DATE SIGNED <b>10-15-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Louisville</b>		24d. LOCATION (City, town, or county) (State) <b>RFD - Eolia, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Oct 20 49</b>		REGISTRAR'S SIGNATURE <b>Mrs. J. A. Dwyer</b>		FEDERAL DIRECTOR'S SIGNATURE <b>J. A. Dwyer</b>		ADDRESS <b>Elsberry, Mo.</b>	

(Licensed Embellisher's Statement on Reverse Side)

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

JAN 20 1950

NOV 7 1949

District Health Officer No. 9,  
RECEIVED NOV 4 1949  
District File Number

MAR 10 1950

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

*Handwritten signature*

Licensed Embalmer No. 4017

P. O. Address Elabery, 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.