

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38097

State File No.

FILED DEC 9 1949

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Neosho</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>	
c. LENGTH OF STAY (in this place) <u>2 wks</u>		d. STREET ADDRESS (If rural, give location) <u>1019 Kentland Dr</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sale Memorial Hos.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>John</u>	b. (Middle)	c. (Last) <u>Jensen</u>	<u>Nov 25 1949</u>		

5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb 11, 1889</u>	9. AGE (In years last birthday) <u>60</u>	if UNDER 1 YEAR Months <u>9</u> Days <u>14</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt of Installation</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone Buss.</u>	11. BIRTHPLACE (State or foreign country) <u>UNKNOWN</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Lars Jensen</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Neosho Mo</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edith Jensen</u>	ADDRESS <u>Neosho, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 YEARS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DUODENAL ULCER</u>		
	ANTECEDENT CAUSES Morbidity 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>5410</u>	

19a. DATE OF OPERATION <u>16 NOV 1949</u>	19b. MAJOR FINDINGS OF OPERATION <u>STRICTURE DUODENUM - ATROPHIC LIVER - DILATED STOMACH</u>	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) (Min.)	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 1-27, 1948, to 11-25, 1949, that I last saw the deceased alive on 11-25, 1949, and that death occurred at 3:20 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. J. Taylor M.D.</u>	23b. ADDRESS <u>Neosho, Mo.</u>	23c. DATE SIGNED <u>28 Nov 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEVADA CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>NEVADA, IOWA</u>
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DATE REC'D BY LOCAL REG. <u>11-28-49</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Borrmann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark Bigham</u>	ADDRESS <u>Moet Neosho</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—73322

RECEIVED

District Health Officer No. NEWTON CO. HEALTH DEPT.
District File Number 1249-221
Date Filed DEC 8 1949

MAR 7 1950

APR 1 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 K. Ly - White

Licensed Embalmer No. 4240

P. O. Address Neosho 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.