

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13783

State File No. ....

FILED MAY 5 1950

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>134</u>		
1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILL.</u> b. COUNTY <u>PIKE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>		c. LENGTH OF STAY (in this place) <u>1 DAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HULL</u>		8120		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>-</u> c. (Last) <u>JETHON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 26 1950</u>					
5. SEX <u>U</u> 6. COLOR OR RACE <u>MALE WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>1</u>		8. DATE OF BIRTH <u>NOV 16, 1883</u>		9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINEST (RETIRED)</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>AUSTRIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN JETHON</u>			13b. MOTHER'S MAIDEN NAME <u>PHELPHINE</u>			14. NAME OF HUSBAND OR WIFE <u>MARGARTHA JETHON</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Schme</u> ADDRESS <u>Chicago</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u>					1 hr	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					4201	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral embolism</u>					24 hrs	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>					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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X</u>				
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>11:20 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>John A. Reichman</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1001 Bldg Hannibal Mo</u>		23c. DATE SIGNED <u>4/27/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>E</u>		24b. DATE <u>April 27, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chicago</u>		24d. LOCATION (City, town, or county) (State) <u>Ill. Ill.</u>		
DATE REC'D BY LOCAL REG. <u>4-27-50</u>		REGISTRAR'S SIGNATURE <u>W. E. M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Clark</u>		ADDRESS <u>Hannibal Mo</u>		

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

0644

RECEIVED MAY 3 1950  
MARION CO. HEALTH DEPT.  
DATE FILED MAY 4 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 \_\_\_\_\_

*Ralph Clark*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed *Ralph Clark*

Licensed Embalmer No. *4217*

P. O. Address *Hannibal, 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.