0.300
0.40

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

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16177

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5281 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Madison Twp
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Madison Tp
d. STREET ADDRESS (If rural, give location): Madison Twp

3. NAME OF DECEASED (Type or Print)
a. (First): Frederick
b. (Middle): Louis
c. (Last): Jinnett

4. DATE OF DEATH (Month) (Day) (Year): April 26-1950

5. SEX: Male
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 20-1892
9. AGE (In years last birthday): 57 — If under 1 year: Months 7 Days 10 — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Clark Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frederick Jinnett
13b. MOTHER'S MAIDEN NAME: Anna Buschling
14. NAME OF HUSBAND OR WIFE: Leona Haggart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war or dates of service): First World War
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Leona Jinnett — **ADDRESS**: Kahoka Mo

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) Gunshot Wound — 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) _____

= 976X

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Madison
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Clark Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr. 26, 1950 4 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Self inflicted

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (M.D. or Coroner): Perry L. Barton, D.O.
23b. ADDRESS: Kahoka, Mo.
23c. DATE SIGNED: 4-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-28-50
24c. NAME OF CEMETERY OR CREMATORY: St Paul's Cemetery
24d. LOCATION (City, town, or county) (State): Clark Co. Mo.

DATE REC'D BY LOCAL REG.: 5/22-1950
REGISTRAR'S SIGNATURE: W. R. Rodgers
25. FUNERAL DIRECTOR'S SIGNATURE: Fred J. Karle — **ADDRESS**: Kahoka Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 5 1950

NOV 23 1954

RECEIVED JUN 1 1950
District Health Officer No. 1
District File Number 6-SD-9
Date Filed

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

working under my personal supervision.

Student Embalmer No.

Signed Fred J Karla

Signed
Student Embalmer

Licensed Embalmer No. 1023

P. O. Address Kahoka Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.