No. 300
10-48

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41773

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 5957 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eolia
c. LENGTH OF STAY (in this place): 85 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Mile W. Post office

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eolia 0820
d. STREET ADDRESS (If rural, give location): 1 Mile North Post office

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Lee c. (Last) Jameson

4. DATE OF DEATH: (Month) Dec (Day) 7 (Year) 1950

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: June 9, 1865
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 5 Days 28 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lincoln County, Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: David S. Jameson
13b. MOTHER'S MAIDEN NAME: Madeline Hamlet
14. NAME OF HUSBAND OR WIFE: URSIE JAMESON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: URSIE Jameson ADDRESS: Eolia, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — yrs
DUE TO (c) Chronic Endocarditis — yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓ 422 v.

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

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ✓

22. *I hereby certify that I attended the deceased from* Jan, 1949, *to* Dec 7, 1950, *that I last saw the deceased alive on* 12-3, 1950 *and that death occurred at* 11 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: T. M. Mathews (Degree or title) D.O.
23b. ADDRESS: Bowling Green Mo
23c. DATE SIGNED: 12-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 9, 1950
24c. NAME OF CEMETERY OR CREMATORY: Eolia Cemetery
24d. LOCATION (~~City~~, town, ~~or county~~): Eolia (State): Mo

DATE REC'D BY LOCAL REG.: DEC. 8-1950
REGISTRAR'S SIGNATURE: N. E. Gooch - Deputy 256
25. FUNERAL DIRECTOR'S SIGNATURE: McCue Funeral Service ADDRESS: Eolia, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: DEC
DISTRICT HEALTH OFFI
District File Number:
Date Filed: DEC 2 0 196

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 Norman E. Gooch

Signed .....
Student Embalmer

Licensed Embalmer No. 2342

P. O. Address Eolia, 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.