

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1746

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 4292 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Winfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Winfield	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) Franklin c. (Last) Jeans			4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1951		
--	--	--	---	--	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 18, 1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Mins.
--------------------	-------------------------------	---	--	---	------------------------	-----------------------	-------	-------

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

13a. FATHER'S NAME Henry H. Jeans		13b. MOTHER'S MAIDEN NAME Susan Walton		14. NAME OF HUSBAND OR WIFE Hattie Jeans			
--	--	---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494-09-9717		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Lenz- Washington, Missouri			
---	--	---	--	---	--	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis with Embolus			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis and Arteritis DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 Oct 20, 1950 to Jan 13, 1951, that I last saw the deceased alive on Jan 13, 1951, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE Frank L. Sutton, D.O. (Degree or title)	23b. ADDRESS 2 Winfield, Mo.	23c. DATE SIGNED 1/17/51
---	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 18, 1951	24c. NAME OF CEMETERY OR CREMATOR Winfield Baptist	24d. LOCATION (City, town, or county) (State) Winfield, Missouri
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. 1-20-51	REGISTRAR'S SIGNATURE Emma R. Riddle	162	GENERAL DIRECTOR'S SIGNATURE Charles L. ...	ADDRESS Elsberry, Mo.
---	---	-----	--	------------------------------

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

1570

REB 9 1951

RECEIVED

JAN 22 1951

DISTRICT HEALTH OFFICE No. 4

File No.

JAN 24 1951

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 *Paula... ..*

Licensed Embalmer No. *4017*

P. O. Address *Elsherry, 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.