

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1764

State File No.

FILED FEB 6 1951

BIRTH NO. REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 - Registrar's No. 409

05-81

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

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline	
c. LENGTH OF STAY (in this place) 39yrs		d. STREET ADDRESS (If rural, give location) 209 E. Booker	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) Carrie	b. (Middle) Lena	c. (Last) Jefferson	4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH March 20, 1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR (Months) (Days) 9 16	IF UNDER 2 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Lawrence, Kansas /		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Jesse Fletcher	13b. MOTHER'S MAIDEN NAME Amanda Whittaker	14. NAME OF HUSBAND OR WIFE James Jefferson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Jefferson, Marceline, Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4201
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetic sclerosis		
	DUE TO (c)		
II. 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 <input type="checkbox"/> NO <input 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) m.	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 **Nov 1949** to **Jan 16, 1951**, that I last saw the deceased alive on **Jan 16, 1951**, and that death occurred at **7:00 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Smith M.D.	23b. ADDRESS Marceline, Mo	23c. DATE SIGNED 1-17-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-18-51	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) Marceline, Missouri
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DATE REC'D BY LOCAL REG. 1/18/1951	REGISTRAR'S SIGNATURE Mary Jane Owen	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gas. McLaughlin Marceline Mo
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Date Received: JAN 27 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-23
Date Filed: FEB 5 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 George W. Davack

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.