

FILED APR 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12148

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3028 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>	c. LENGTH OF STAY (In this place) <u>12 hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u>	<u>0360</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>		d. STREET ADDRESS (If rural, give location) <u>Main St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>C.</u> c. (Last) <u>Jett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 8, 1892</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>2</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pull over</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoefactory</u>	11. BIRTHPLACE (State or foreign country) <u>Owensville, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lill Jett</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Swatler</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby Jett</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>492-09-9356</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John E. Jett</u>	ADDRESS <u>Union</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perforated Venereal Ulcer of Oropharynx</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17 hr</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Cross of hair</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (c) <u>Antero-silent Cardiovascular Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>1 yr</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<u>5810</u>	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) (Min.)	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 3-13, 1951, to 4-10, 1951, that I last saw the deceased alive on 4-10, 1951, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B. A. Stuhlman</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Union, Mo</u>	23c. DATE SIGNED <u>4-10-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/12/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Union, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 11, 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	99	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Union Funeral Home, Union</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

367

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

APR 14 1951

RECEIVED

APR 20 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

*Harlan Johnson*

Licensed Embalmer No. 4488

P. O. Address Union, 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.