

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22132**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>831</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>42 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> <u>0117</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2601 S. 18th Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugene</u>		b. (Middle) <u>Lawrence</u>		c. (Last) <u>Jessee</u>
4. DATE OF DEATH <u>August 1, 1951.</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 22, 1886</u>	9. AGE (in years last birthday) <u>65</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Police Patrolman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Police</u>		11. BIRTHPLACE (State or foreign country) <u>Howe, Nebraska.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Lawrence L. Jessee</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Buckley</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Jessee</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lawrence Jessee St. Joseph, Mo.</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paget's disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7/22/51</u>  <u>5yrs -</u>  <u>3/50 -</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		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) m.		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 <u>7/24</u> 19 <u>51</u> , to <u>8/1</u> 19 <u>51</u> , that I last saw the deceased alive on <u>8/1</u> 19 <u>51</u> , and that death occurred at <u>7:10 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Frank Handey</u>		23b. ADDRESS <u>670 Francis St.</u>		23c. DATE SIGNED <u>8/2/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Meischke St. Joseph, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 7, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

**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 *Robert C. Harrington*  
Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.