

FILED JUL 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23428**  
Registrar's No. **143**

BIRTH NO. _____		REG. DIST. NO. <b>157</b>		PRIMARY REG. DIST. NO. <b>3028</b>	
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>			2. USUAL RESIDENCE (Where deceased lived; if institutional, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>Carthage</b>		c. LENGTH OF STAY (in this place) <b>27 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Carthage</b>		<b>0493</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>914 Grant St</b>			d. STREET ADDRESS (If rural, give location) <b>914 Grant St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARITY</b> b. (Middle) <b>LUELLA</b> c. (Last) <b>JAMISON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 8, 1951</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>July 23, 1870</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>domestic</b>	11. BIRTHPLACE (State or foreign country) <b>Belfast, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>George F. Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Hill</b>		14. NAME OF HUSBAND OR WIFE <b>Allen Ross Jamison</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Pearl Wood, 914 Grant, Carthage, Mo</b>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  ANTECEDENT CAUSES <b>Obesity</b> Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. <b>DUE TO (b) Cardio-vascular-renal syndrome</b> <b>DUE TO (c) Hyper tension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Obesity</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b> <b>1 year</b> <b>more than 10 years</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>442X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>May 5, 1950</b> to <b>July 8, 1951</b> , that I last saw the deceased alive on <b>July 2, 1951</b> , and that death occurred at <b>7:15p m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Paul H. Wisner</b> (Degree or title) <b>MD</b>			23b. ADDRESS <b>Carthage, Mo</b>		23c. DATE SIGNED <b>7-9-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7-10-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>El Reno Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>El Reno, Okla</b>		
DATE REC'D BY LOCAL REG. <b>7-10-51</b>	REGISTRAR'S SIGNATURE <b>W B Clinton, MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Knell Mortuary, Carthage, Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-17-51  
Jasper County Health Office

County File Number 51/7/570  
Date Filed 7-17-51

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 H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.