

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **33642**
4119

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1315 Linwood Boulevard</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>G.</u>	c. (Last) <u>JAMIESON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26, 1951</u>
--	-----------------------	---------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>---- 1914</u>	9. AGE (In years last birthday) <u>37</u>	F UNDER 1 YEAR Months _____ Days _____	F UNDER 15 MIN. Hours _____ Min. _____
------------------------------	---	---	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oculist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Bausch & Lomb</u>	11. BIRTHPLACE (State or foreign country) <u>Sioux City, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	---	---

13a. FATHER'S NAME <u>James D. Jamieson</u>	13b. MOTHER'S MAIDEN NAME <u>Faye Robbins</u>	14. NAME OF HUSBAND OR WIFE _____
---	---	---

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>497-20-0553</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. D. Jamieson, Sioux City, Iowa</u>	ADDRESS _____
--	--	---	-------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> <u>2 1/2 hrs.</u> <u>11 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute chemical gastritis</u> DUE TO (c) <u>Acute hemorrhagic nephritis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Recent left temporal hemorrhage</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>123</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
-------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo.</u>
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-26-51</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>ascitic acid</u>
--	--	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 9-26-, 1951, and that death occurred at 1:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. Owens</u>	23b. ADDRESS <u>310 34 Bristol Bldg</u>	23c. DATE SIGNED <u>9-26-51</u>
---	---	---

24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-27-51</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Sioux City, Iowa</u>
---	------------------------------------	--	---

DATE REC'D BY LOCAL REG <u>9-27-51</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u>	ADDRESS <u>Kansas City, Mo.</u>
--	---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

FILED OCT 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

A. J. Still

Student Embalmer No. _____

working under my personal supervision.

Student A. J. Still

Student Embalmer

Signed Wm W. Kirdendall

Licensed Embalmer No. 4632

P. O. Address K. C. 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.