

S. No. 300
EV. 10-48

1830
3

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2314

FILED JAN 23 1952

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5960 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural GREEN		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DEARBORN 0830	
		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) VIOLET		b. (Middle) CHARLENE	
		c. (Last) JAMESON	
4. DATE OF DEATH (Month) (Day) (Year) Jan-13, 1952		5. SEX FEMALE	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH AUG. 21, 1931		9. AGE (In years last birthday) 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RECEPTIONIST		10b. KIND OF BUSINESS OR INDUSTRY MODERN HAND CRAFT N. K. C. INC	
11. BIRTHPLACE (State or foreign country) PLATTE CO. MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME CHARLIE JAMESON		13b. MOTHER'S MAIDEN NAME VIOLET J. ASHER	
14. NAME OF HUSBAND OR WIFE ✓		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. 490-34-2433		17. INFORMANT'S SIGNATURE OR NAME CHARLIE JAMESON DEARBORN, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide		INTERVAL BETWEEN ONSET AND DEATH 1.5 hr	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Automobile accident			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		E8161	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 083 26	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) 265 Highway 71	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Township of Green - Platte MO		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 1-15-52 2:10 p.m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? auto accident	
22. I hereby certify that I attended the deceased from 1-15, 1952 to 1-15, 1952 , that I last saw the deceased alive on 1-15, 1952 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE S. P. Deuborn M.D. (Degree or title)		23b. ADDRESS Dearborn MO	
23c. DATE SIGNED 1-17-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-17-52	
24c. NAME OF CEMETERY OR CREMATORY Old Fellows Cem.		24d. LOCATION (City, town, or county) (State) SMITHVILLE MO.	
DATE REC'D BY LOCAL REG. 1-17-52		REGISTRAR'S SIGNATURE Rhonda Rollins 257	
25. FUNERAL DIRECTOR'S SIGNATURE VAUGHN - AUFRANC		ADDRESS DEARBORN, MO.	

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 W. R. Vaughn.....

Licensed Embalmer No. 4023.....

P. O. Address Weston 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.