

FILED MAR 3 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4044

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 228	
1. PLACE OF DEATH a. COUNTY <u>Chesterman</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>		c. LENGTH OF STAY (In this place) <u>38 yrs 2 mo 15 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 3628</u>		d. STREET ADDRESS (If rural, give location) <u>3935 Euclid Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #2</u>				d. STREET ADDRESS (If rural, give location) <u>3935 Euclid Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline</u>			b. (Middle) <u>a</u>		c. (Last) <u>Jolley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 17 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-30-1880</u>		9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 4 HRS. Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Otterville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>John N. Curtis</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Noble</u>		14. NAME OF HUSBAND OR WIFE <u>Marrie Reno Jolley</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, no., and how) <u>No</u>		16. SOCIAL SECURITY NO. <u>Nil</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marrie Reno Jolley</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychotic</u>					INTERVAL BETWEEN ONSET AND DEATH <u>suddenly</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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"/>
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 <u>Jan 1st 1952</u> to <u>2-17, 1952</u> that I last saw the deceased alive on <u>2-16 1952</u> and that death occurred at <u>12:00 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. Essing M.D.</u>				23b. ADDRESS <u>State Hospital #2</u>		23c. DATE SIGNED <u>2-17-1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 25, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kirkville Osteopathic College</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkville, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>Feb 27, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Plankoff</u>		ADDRESS <u>St. Joseph, Mo</u>	

WRITE PLAINLY—USING UNFADEING 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

*Raymond H. Horch*

Licensed Embalmer No. 4413

P. O. Address Joseph, 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.