

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6947

State File No. ....

FILED FEB 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6087 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Slater</b> <u>R</u>		c. LENGTH OF STAY (in this place) <b>65 yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>R.F.D. Slater</b> <u>1970</u>	
		d. STREET ADDRESS (If rural, give location) <b>R F D</b> <u>0</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>George</b>	b. (Middle) <b>Reid</b>	c. (Last) <b>Jeter</b>	<b>Feb. 17-1952</b>		
5. SEX <b>male</b> <u>0</u>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b> <u>1</u>	8. DATE OF BIRTH <b>Jan. 26-1887</b>		9. AGE (In years last birthday) <b>65</b>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>	11. BIRTHPLACE (State or foreign country) <b>Saline County, Mo.</b> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <b>U S</b>

13a. FATHER'S NAME <b>George Jeter</b>		13b. MOTHER'S MAIDEN NAME <b>Lelia Hill</b>		14. NAME OF HUSBAND OR WIFE <b>Minnie Jeter</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give unknown) <b>no</b> (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Minnie Jeter</b> ADDRESS <b>Slater, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>			

19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>4201</u>	
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) (Minute) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Make an investigation 2-17-52 1952, to 18, 1952, that I last saw the deceased alive on 19, and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. L. Lawless</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>Coroner Saline Co. Marshall Mo.</u>		23c. DATE SIGNED <u>2-17-52</u>	
24a. BURIAL, CREMATION, DISPOSAL (Specify) <u>Burial</u>		24b. DATE <u>2/19/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>2/18/52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Brothers</u> ADDRESS <u>Slater Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1970

2001 10 10 10:00

10 10 10:00

**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 \_\_\_\_\_

Licensed Embalmer No. 3090

P. O. Address Slater 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.