

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

State File No. **9365**

FILED APR 1 1952

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **101**

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) 500 N. STEWART	
d. FULL NAME OF HOSPITAL OR INSTITUTION BOTHWELL HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) ALICE	b. (Middle) CUNNINGHAM	c. (Last) De JARNETTE	4. DATE OF DEATH (Month) (Day) (Year) MARCH 24, 1952
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5. SEX FE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 14, 1863	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) CARDINGTON, OHIO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM CUNNINGHAM	13b. MOTHER'S MAIDEN NAME SARAH WILLIAMS	14. NAME OF HUSBAND OR WIFE (DECEASED) THOMAS J. DE JARNETTE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME CHARLES A. De JARNETTE	ADDRESS SEDALIA, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage.		10 days.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease. DUE TO (c) _____		5 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Old Carcinoma of the Cervix (Radium)	2 years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None. Medical treatment only.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None.	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 **Over 5 yrs**, 19____, to **March 24th, 1952**, that I last saw the deceased alive on **March 23rd, 1952**, and that death occurred at **4:20 AM**, from the causes and on the date stated above.

23a. SIGNATURE Jno. B. Carlisle, M.D. (Degree or title)	23b. ADDRESS Sedalia, Missouri.	23c. DATE SIGNED 3-25-52.
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 26, '52	24c. NAME OF CEMETERY OR CREMATORY CROWN HILL	24d. LOCATION (City, town, or county) (State) SEDALIA, MO.
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DATE REC'D BY LOCAL REG. 3/26/52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Sedalia, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD GILLESPIE FUNERAL HOME

1804

YS APR 19 1967

MAR 19 1950

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 Russell C. Maag

Licensed Embalmer No. 9809

P. O. Address Sedalia, 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.