

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25280

State File No.

FILED AUG 13 1952

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| BIRTH NO. _____ | | REG. DIST. NO. <u>274</u> | | PRIMARY REG. DIST. NO. <u>3052</u> | | Registrar's No. <u>249</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> <u>0804</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> <u>0800</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> | | c. LENGTH OF STAY (in this place) <u>3 hrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hughesville (Rural)</u> <u>1</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Memorial</u> | | | | d. STREET ADDRESS (If rural, give location) | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lloyd</u> b. (Middle) <u>Christopher</u> c. (Last) <u>Jett</u> | | | 4. DATE OF DEATH (Month) <u>8</u> (Day) <u>6</u> (Year) <u>1952</u> | | | | | | |
| 5. SEX <u>Male</u> <u>0</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u> | | 8. DATE OF BIRTH <u>Unknown</u> | | | |
| 9. AGE (In years last birthday) <u>81</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u> | | | |
| 12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>J. M. Jett</u> | | 13b. MOTHER'S MAIDEN NAME <u>Minerva Jett</u> | | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u> | | | |
| 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>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>James Eckles</u> ADDRESS <u>Hughesville Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhagic shock due to</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple lacerations of Perineum</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9121</u> <u>3</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 Hours</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"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia Pettis Missouri</u> | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>-</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Runaway team of farm wagon @ Ed.</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>8-6</u> , 19 <u>52</u> , to <u>8-6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-6</u> , 19 <u>52</u> , and that death occurred at <u>5 p.</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>D. R. Edwards MD</u> | | | | 23b. ADDRESS <u>Sedalia Mo</u> | | 23c. DATE SIGNED <u>8-7-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8-9-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>High Point</u> | | 24d. LOCATION (City, town, or county) (State) <u>Hughesville Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>8-9-1952</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul M. Moore de Monte MO</u> | | | | | |

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address de Monte 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.