

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33079**
Registrar's No. **8546**

1 OCT 1 1952

318

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 33079		Registrar's No. 8546		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Arkansas b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rector				
d. FULL NAME OF HOSPITAL OR INSTITUTION Mark Twain Hotel				d. STREET ADDRESS (If rural, give location) _____						
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE			b. (Middle) CLAUDE			c. (Last) JERNIGAN			4. DATE OF DEATH (Month) (Day) (Year) 9-9-52	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, married		8. DATE OF BIRTH 2-12-1884		9. AGE (In years last birthday) 68	# UNDER 1 YEAR Months _____ Days _____	# UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist			10b. KIND OF BUSINESS OR INDUSTRY Own		11. BIRTHPLACE (City and State or Foreign Country) / Sharp County, Arkansas			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George Jernigan			13b. MOTHER'S MAIDEN NAME Laura Wann			14. NAME OF HUSBAND OR WIFE Julia Jernigan				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julia Jernigan, Rector Arkansas						
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) Coronary Thrombosis							INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES 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.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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) 4201						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred 6:06 A.M. , from the causes and on the date stated above.										
23a. SIGNATURE (Type or title) Julia Jernigan				23b. ADDRESS 1201 Clark				23c. DATE SIGNED 9/12/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 9-10-52		24c. NAME OF CEMETERY OR CREMATORY Rector, Arkansas		24d. LOCATION (City, town, or county) (State) Rector, Arkansas				
DATE REC'D BY LOCAL REG. SEP 11 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Irby F. H., Rector, Arkansas					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3

1917
8/10/17

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, 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.