

FILED FEB 26 1953

STANDARD CERTIFICATE OF DEATH

State File No. 7114

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 24

821
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1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOUISIANA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EOLIA 0820	
d. FULL NAME OF HOSPITAL OR INSTITUTION MINERAL SPRING HOSPITAL		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) EDWARD ALBERT JAMIESON	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) FEB. 18, 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 16, 1883	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 01 Days 3	IF UNDER 24 HRS. Hours 00 Min. 00
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) LEWISVILLE, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME OLIVER JAMIESON	13b. MOTHER'S MAIDEN NAME —	14. NAME OF HUSBAND OR WIFE ALBERT MORRIS JAMIESON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME ALBERT MORRIS JAMIESON, LOUISIANA, MO.	ADDRESS LOUISIANA, MO.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) EUREMIA		INTERVAL BETWEEN ONSET AND DEATH 4 DAYS
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARDIO VASCULAR		2 YRS
	DUE TO (c) RENAL DISEASE		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 442X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **FEB. 17, 1953** to **FEB 18, 1953**, that I last saw the deceased alive on **FEB 18, 1953**, and that death occurred at **9:45 P.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) D.O.	23b. ADDRESS LOUISIANA, MO.	23c. DATE SIGNED FEB 19, 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2 22 1953	24c. NAME OF CEMETERY OR CREMATORY Louisville	24d. LOCATION (City, town, or county) (State) Louisville MO
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DATE REC'D BY LOCAL REG. Feb 21, 1953	REGISTRAR'S SIGNATURE [Signature]	37 4	FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS [Address]
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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 Harold C. Kinn

Licensed Embalmer No. 4597

P. O. Address Brambling Green

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.