No. 300
10-48

FILED APR 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14742

BIRTH NO. 16648 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 80

493
1

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (In this place): All Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 1231 Sophia

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage 0493
d. STREET ADDRESS (If rural, give location): 1231 Sophia 0

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Lester
c. (Last): Jessen

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: March 11, 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 1 Days 2; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: Child
11. BIRTHPLACE (City and State or Foreign Country): Neosho 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Donald Jessen
13b. MOTHER'S MAIDEN NAME: Geraldine Rhine
14. NAME OF HUSBAND OR WIFE: Child

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Donald Jessen ADDRESS: Carthage, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation in bed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.
E 9240

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
116 18
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): JASPER MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? CHILD LESS THAN 6 DAYS OLD AND UNABLE TO HOLD HEAD UPRIGHT

22. *I hereby certify that I attended the deceased from* (DID NOT ATTEND) *, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 7:10 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 3
23b. ADDRESS: [illegible] Bud Bldg.
23c. DATE SIGNED: 4/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4,14,53
24c. NAME OF CEMETERY OR CREMATORY: Gibson Cem
24d. LOCATION (City, town, or county) (State): Neosho, Missouri

DATE REC'D BY LOCAL REG.: 4-15-53
REGISTRAR'S SIGNATURE: [signature] 139
25. FUNERAL DIRECTOR'S SIGNATURE: Clark-Bigham Mortuary ADDRESS: Neosho,

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-21-53
Jasper County Health Office

County File Number 53/4/350

Date Filed 4-21-53

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 Jesse O. Sullivan, Jr.

Licensed Embalmer No. 4646

P. O. Address Neosho, 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.