

18382

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5569</u>		Registrar's No. <u>221</u>	
1. PLACE OF DEATH a. COUNTY <u>Rural Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Leeds (Brookings)</u>		c. LENGTH OF STAY (In this place) <u>Unknown</u>		c. CITY OR TOWN <u>Leeds (Rural) 7005</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leeds Farm</u>				e. STREET ADDRESS (If rural, give location) <u>Leeds MO. (Brookings)</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ora</u>		b. (Middle) <u>G.</u>		c. (Last) <u>Jutila</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>21</u>		(Year) <u>1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Do not know</u>		8. DATE OF BIRTH <u>1905</u>	
9. AGE (In years last birthday) <u>48</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 WKS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Do not know</u>		12. CITIZEN OF WHAT COUNTRY? <u>Do not know</u>	
13a. FATHER'S NAME <u>Do not know</u>		13b. MOTHER'S MAIDEN NAME <u>Do not know</u>		14. NAME OF HUSBAND OR WIFE <u>Do not know</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Do not know</u>		16. SOCIAL SECURITY NO. <u>Do not know</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leeds Farm Leeds 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u>  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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No Relatives</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7955</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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 at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Richard M. Queen's Corner</u>		(Degree or title)		23b. ADDRESS <u>1834 Rialto Blvd</u>		23c. DATE SIGNED <u>5-25-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>School</u>		24b. DATE <u>6-2-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kirksville College of Optometry &amp; Surgery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville MO</u>	
DATE REC'D BY LOCAL REG. <u>6-2-53</u>		REGISTRAR'S SIGNATURE <u>James J. O'Leary</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Passantino Bros</u>		ADDRESS <u>16 LMO</u>	

354-0 (Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48  
✓  
wood  
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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.....  
Signature of Student Embalmer

Signed *John R. Gilman*.....  
Licensed Embalmer No. *453*.....  
P. O. Address *Kansas*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.