

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED SEP 8 - 1953

BIRTH NO. REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545 Registrar's No. 58

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

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield</u>	c. LENGTH OF STAY (In this place) <u>6 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1120</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Johnnie</u>	b. (Middle) <u>Cleo</u>	c. (Last) <u>JAMESON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 31 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 4 1908</u>	9. AGE (In years last birthday) <u>45</u>	10 UNDER 1 YEAR Months	11 UNDER 1 HRS. Hours	12 UNDER 1 MINS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>CANWAY, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Irvin Day</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Frances Barber</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>494-34-6152</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Ruth Brooks</u>	ADDRESS <u>Marshfield MO</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema and Shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 hours</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>adenocarcinoma of Breast</u>			<u>22 months</u>
	DUE TO (c) <u>Metastatic cancer of Lung, Liver & abdomen</u>			<u>18 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <u>Feb. 1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>adenocarcinoma of left Breast, Grade III</u>	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) <u>170X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Aug 22 1953, to Aug 31 1953, that I last saw the deceased alive on Aug 30 1953, and that death occurred at 2:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. M. Macdonnell, M.D.</u>	23b. ADDRESS <u>Marshfield Mo.</u>	23c. DATE SIGNED <u>1 Sept 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 11 1953</u>	24c. NAME OF CEMETERY OR <u>St Luke</u>	24d. LOCATION (City, town, or county) (State) <u>Webster County MO</u>
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DATE REC'D BY LOCAL REG. <u>9-1-53</u>	REGISTRAR'S SIGNATURE <u>B. Francis</u>	392	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber-Barth</u>	ADDRESS <u>Marshfield MO</u>
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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 _____

Student Embalmer

Signed

Glen A Williams

Licensed Embalmer No. *4651*

P. O. Address *Marshfield Ma*

(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.