

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED JAN 18 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 26

H

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>Lifetime</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>01170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gov'th Nurs Home Nursing Home 2520 St. Joseph Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>1601 N. 2nd Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u>	b. (Middle)	c. (Last) <u>Jesberg</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 8, 1954</u>
---	-------------	--------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>June 6, 1871.</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Alteration Woman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dress Shops.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri..</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>Christopher Jesberg</u>	13b. MOTHER'S MAIDEN NAME <u>Magdalene Bender</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-14-435</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Orman Lutz</u>	ADDRESS <u>Sacramento, Calif.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hypertensive Heart Disease</u>		<u>Unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis General</u>		<u>Unknown</u>
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 checked="" 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)
--	--	---

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 Sept 21, 1951, to Jan 8, 1954, that I last saw the deceased alive on Jan 3, 1954, and that death occurred at 9:10A m., from the causes and on the date stated above.

23. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Winkentuck Bldg. St. Joseph Missouri</u>	23c. DATE SIGNED <u>January 9, 54</u>
--	--	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 11, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Jan 13, 1954</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	485- <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>St. Joseph, Mo</u>
--	--	-------------------------	---

(Licensed Embalmer's Statement on Reverse Side)

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.....

Edward R. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address..... S. t. Joseph, Missouri.

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.