No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11259

BIRTH NO. FILED MAY 3 1954 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 456

0117
0

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph Mo.
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Holt 0440
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Forest City 1
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Chris
b. (Middle):
c. (Last): Jamison

4. DATE OF DEATH (Month) (Day) (Year): April 28 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: Dec. 1 1873
9. AGE (In years last birthday): 80 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Oregon Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S.A.

13a. FATHER'S NAME: Andrew Jamison
13b. MOTHER'S MAIDEN NAME: Margaret Ann Kunkel
14. NAME OF HUSBAND OR WIFE: Ora Jamison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Ora Jamison Forest City Missouri

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) Pneumonia - broncho — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Fracture of neck of femur - left — 5 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* arteriosclerosis general Myocardial Insufficiency

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION E9040 21
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): Forest City Holt Missouri 044
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 24, 1954 8:45Am.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell in home.

22. *I hereby certify that I attended the deceased from* April 24, 1954, *to* April 28, 1954, *that I last saw the deceased alive on* April 28, 1954, *and that death occurred at* 9:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. P. Senor MD. 0
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 4-28-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 1 1954
24c. NAME OF CEMETERY OR CREMATORY: Oregon
24d. LOCATION (City, town, or county) (State): Oregon, Missouri

DATE REC'D BY LOCAL REG.: May 1, 1954
REGISTRAR'S SIGNATURE: Esther M. Allison 485
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: James H Pettijohn Oregon Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 24 1964

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 James H. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.