

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17839

State File No.

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 98

1. PLACE OF DEATH
a. COUNTY Audrain

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Cole

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico, Mo

c. CITY OR TOWN Jefferson City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Allen Nursing Home

e. STREET ADDRESS (If rural, give location) 925 Washington 0264

3. NAME OF DECEASED
a. (First) Josephine b. (Middle) _____ c. (Last) Jump

4. DATE OF DEATH (Month) (Day) (Year) June 19, 1954

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Feb. 17, 1870

9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months 4 IF UNDER 24 HRS. Days 2 Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Stringtown, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jacob O Antweiler

13b. MOTHER'S MAIDEN NAME Mary Honey

14. NAME OF HUSBAND OR WIFE John H. Jump

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Enleth Jump ADDRESS J. C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Codine poisoning
ANTECEDENT CAUSES Mycobacteria Chronic
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 Arteriosclerosis generalized
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 days
1 yr.
10 yrs

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 4227

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 5/1, 1954, to 6/19, 1954, that I last saw the deceased alive on 6/15, 1954, and that death occurred at 11 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. Kellenbach MD

23b. ADDRESS Missouri, Mo

23c. DATE SIGNED June 22, 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6/22/54

24c. NAME OF CEMETERY OR CREMATORY Resurrection

24d. LOCATION (City, town, or county) (State) Jefferson City, Mo

DATE REC'D BY LOCAL REG June 22-54

REGISTRAR'S SIGNATURE Blanche Neely

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sylvester Dulle J. C. MO

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

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..... *Sylvester Quill*

Licensed Embalmer No. *432*

P. O. Address *Jeffersonville*

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.