No. 300
10.48

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22642
State File No.

BIRTH NO. REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 5433 Registrar's No. 127

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Union Tp.
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Franklin
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): St. Clair - Mo. R#1 0360

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Kathryn
c. (Last): Jessey

4. DATE OF DEATH (Month) (Day) (Year): 7-15-1954

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 12-25-1891
9. AGE (In years last birthday): 62 — If under 1 year: Months / Days: 6 20 — If under 24 hrs.: Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): Altair Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Wm. M. Havin
13b. MOTHER'S MAIDEN NAME: Margaret Amerine
14. NAME OF HUSBAND OR WIFE: Otis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Otis Jessey. ADDRESS: St. Clair

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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 Hrs.

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.: Vascular Hypertension — 7 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
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) m.
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* 7-13-, 1954, *to* 7-15-, 1954, *that I last saw the deceased alive on* 7-15-, 1954, *and that death occurred at* 4P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. W. E. Theisen M.D.
23b. ADDRESS: St. Clair - Mo
23c. DATE SIGNED: 7-16-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-18-54
24c. NAME OF CEMETERY OR CREMATORY: Odd Fellows
24d. LOCATION (City, town, or county) (State): St. Clair - Mo

DATE REC'D BY LOCAL REG. JUL 22 1954
REGISTRAR'S SIGNATURE: Virgil A. Bridges
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sherwood Kotchell - St. Clair

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Karlan Johannaker

Licensed Embalmer No. 44

P. O. Address Marion

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.