

FILED AUG 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25721**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **100** PRIMARY REG. DIST. NO. **5382** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY <b>Dent</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural-Franklin Twsp</b> ) c. LENGTH OF STAY (In this place) <b>9 yrs</b>		c. CITY OR TOWN <b>Franklin Twsp</b>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hwy K near Darien, Mo.</b>		e. STREET ADDRESS (If rural, give location) <b>Hwy. K near Darien, Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>JOSEPH</b> c. (Last) <b>JESSIE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 24 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>June 28, 1885</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John Jessie</b>	13b. MOTHER'S MAIDEN NAME <b>Millie Vera</b>	14. NAME OF HUSBAND OR WIFE <b>Iva M. Jessie (dec'd)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>367-09-5968</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Paul Jessie</b> ADDRESS <b>Inkster, Mich.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chr. Hydronephritis &amp; Renal failure</b>		<b>yrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <b>Chr. Plumbism and Arteriosclerosis</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Severe dehydration and anemia</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>E8851</b>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1949**, to **1955**, that I last saw the deceased alive on **Aug 24, 1955**, and that death occurred at **11:40** m., from the causes and on the date stated above.

23. SIGNATURE (Degree of title) <b>Joseph R. Bennett, M.D.</b>	23b. ADDRESS <b>Salem, Missouri</b>	23c. DATE SIGNED <b>8/26/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug 27 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Corinth Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Dent County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-27-55</b>	REGISTRAR'S SIGNATURE <b>R. E. Mitchell, M. D.</b>	575-3	25. FUNERAL DIRECTOR'S SIGNATURE <b>Blackwell-Warfel</b> ADDRESS <b>Salem, Mo.</b>
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(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 embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Max L Waifel

Licensed Embalmer No. 417

P. O. Address Halem, Ill.

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.