

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27822

No. 300  
10-48

FILED SEP 1 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6785

1. PLACE OF DEATH a. COUNTY <u>City of St. Louis, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Green</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>Lafe.</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>3 wks.</u>		e. STREET ADDRESS (If rural, give location) <u>General Delivery.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Pac. Employees Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Willia m</u> b. (Middle) <u>Enis</u> c. (Last) <u>Jamison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 3, 1955.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>April 3, 1874.</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) <u>Section Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gainesville Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Chesterfield Jamison</u>		13b. MOTHER'S MAIDEN NAME <u>Unk. Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Jamison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Jamison, 4008 Ashby Rd.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION <u>Overland Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1949.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Urinary Bladder Calculi.</u>		Interval between onset and death <u>Aug. 3, '55.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Embolism</u> DUE TO (c) <u>Iliac Vein Thrombus.</u>		Interval between onset and death <u>Aug. 3, '55.</u>	

19a. DATE OF OPERATION <u>7-19-1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Multiple Urinary Bladder Stones. (Cystoscopic Examination)</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None 4200</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>	

22. I hereby certify that I attended the deceased from July 17, 1955, to Aug. 3, 1955, that I last saw the deceased alive on Aug. 3, 1955, and that death occurred at 12:35 Pm., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Joseph A. Lemberk, M.D.</u>		23b. ADDRESS <u>1755 South Grand Blvd. St. Louis 8-3-'55.</u>		23c. DATE SIGNED	
24. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Providence</u>	
24d. LOCATION (City, town, or county) (State) <u>Lafe, Arkansas</u>					

DATE REC'D BY LOCAL REG. <u>AUG 4 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A.H. Hoppe, 4704 Washington Ave.</u>	
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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.....  
*Paul A. Wachte*

Licensed Embalmer No. *479*

P. O. Address *St. Louis*

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.