

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **29157**

FILED SEP 26 1955

BIRTH NO. _____ REG. DIST. NO. **389** PRIMARY REG. DIST. NO. **5173** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Callaway	
b. CITY OR TOWN Wainwright Community		c. CITY OR TOWN Wainwright		c. LENGTH OF STAY (in this place) two yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Three miles NW Wainwright		e. STREET ADDRESS (If rural, give location) Three miles NW Wainwright			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) EDNA	b. (Middle) ELLEN	c. (Last) JINSON	(Month) Sept	(Day) 19th	(Year) '55

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 3 '31	9. AGE (In years last birthday) 24	IF UNDER 1 YEAR Months -	IF UNDER 11 HRS. Days -	IF UNDER 24 MIN. Hours -	IF UNDER 15 MIN. Mins. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Big Piney, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME John T. Fowler		13b. MOTHER'S MAIDEN NAME Pearl Smith		14. NAME OF HUSBAND OR WIFE Charles J. Jinson Jr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Charles J. Jinson Jr	
				ADDRESS Wainwright 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Fever		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)
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?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.

23a. SIGNATURE <i>Harry A. Stewart</i>	(Degree or title)	23b. ADDRESS <i>Fulton, Missouri</i>	23c. DATE SIGNED <i>9/20/55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 21 '55	24c. NAME OF CEMETERY OR CREMATORY Longview Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Missouri

DATE REC'D BY LOCAL REG. Sept 23-55	REGISTRAR'S SIGNATURE <i>LeRoy Claypool</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Hanner Funeral Home Inc.</i>	ADDRESS
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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 *James P. Freeman*

Licensed Embalmer No. *462*

P. O. Address *Fin*

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.