S. No. 300
Rev. 10.46

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3730

State File No. .....

BIRTH NO. 16939-56 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 34

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

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monett
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Vencient Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stella
d. STREET ADDRESS (If rural, give location): ---------

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3. NAME OF DECEASED (Type or Print)
a. (First): Janice
b. (Middle): Jane
c. (Last): Jessee

4. DATE OF DEATH (Month) 2 (Day) 27 (Year) 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 2-8-1956
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Stella Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Max Jessee
13b. MOTHER'S MAIDEN NAME: Wilda Hawk
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Max Jessee — ADDRESS: Stella 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Acute intestinal obstruction — 18 hrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Healing (Coli) meningitis — 6 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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* 2/21, 1956, *to* 2/27, 1956, *that I last saw the deceased alive on* 2/27, 1956, *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kacolinberg MD
23b. ADDRESS: 215 4th Monett Mo
23c. DATE SIGNED: 2/29/56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-29-1956
24c. NAME OF CEMETERY OR CREMATORY: Macedonia Cemetery
24d. LOCATION (City, town, or county) (State): Stella Missouri

DATE REC'D BY LOCAL REG.: 3-3-56
REGISTRAR'S SIGNATURE: Mrs P. N. Cook 51 0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Wm Morris Pogue Wheaton Mo

(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 356-45

DATE REC. 3-6-56

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 .....
Student Embalmer

Signed James Kenyth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton Mo

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 this body is not embalmed, fact should be so stated above.