

FILED MAR 29 1956

STANDARD CERTIFICATE OF DEATH

4097 State File No. 8396

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4907 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HARRISONVILLE		c. LENGTH OF STAY (In this place) 2 DAYS	c. CITY OR TOWN LATOUR
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION HARRISONVILLE MEMORIAL HOSP		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NO	
3. NAME OF DECEASED (Type or Print) a. (First) MILDRED b. (Middle) ARLENE c. (Last) JETER		4. DATE OF DEATH (Month) (Day) (Year) MARCH 22 1956	

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 28 1913	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Days 11	IF UNDER 24 HRS. Hours 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and State or Foreign Country) LOUISIANA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME CHARLEY BEEBE	13b. MOTHER'S MAIDEN NAME MARGARET BRYMER	14. NAME OF HUSBAND OR WIFE CLAUDE H. JETER
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 ADDRESS Claude H. Jeter, Latour, 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) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH few hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unobstructed hypotension 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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (STATE)
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 **3-19-1956**, to **3-22-1956**, that I last saw the deceased alive on **3-22-1956**, and that death occurred at **3:15** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Edward S. Jones MD	23b. ADDRESS Harrisonville, Mo	23c. DATE SIGNED 3-24-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/24/56	24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery Holden Mo
24d. LOCATION (City, town, or county) (State) Holden Mo	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Conroy & Huff Holden Mo.	
DATE REC'D BY LOCAL REG Mar 24 1956	REGISTRAR'S SIGNATURE Dorothy Annand	

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

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RECEIVED
MAR 26 1955
HEALTH DEPARTMENT
MAR 26 1955

DEC 4 1951

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 *M. J. Conroy*.....

Licensed Embalmer No. *3839*

P. O. Address *Helen*

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.