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FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15339

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 31

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1. PLACE OF DEATH
a. COUNTY: VERNON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL, Washington
c. LENGTH OF STAY (in this place): 5 yr 6 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jasper 24427
c. CITY OR TOWN: Webb City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1029 W. Dougherty St

3. NAME OF DECEASED (Type or Print)
a. (First): Columbus
b. (Middle): Breckenridge
c. (Last): Jameson

4. DATE OF DEATH (Month) (Day) (Year): May 9 1956

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec. 29 1875
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 4, Days 4 — IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Engine
11. BIRTHPLACE (City and State or Foreign Country): New London Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Columbus Jameson, Sr.
13b. MOTHER'S MAIDEN NAME: Martha Lear
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)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Harry O. Rogers — ADDRESS: Carthage 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Shock due to Trauma	7 May 1956
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Fracture of the Rt Femur	7 May 1956
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Senile Psychosis 9047 45	5 years

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Hosp #3
21c. (CITY, TOWN, OR TOWNSHIP): Nevada 108 (COUNTY): Vernon (STATE): Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 7 1956 6 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Due to Fall

22. *I hereby certify that I attended the deceased from* 28 Nov, 1956, *to* 9 May, 1956, *that I last saw the deceased alive on* 9 May, 1956, *and that death occurred at* 6 15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank D. Wyeno, M.D.
23b. ADDRESS: State Hosp #3
23c. DATE SIGNED: 9 May 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-13-56
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): El Dorado Spgs., Mo

DATE REC'D BY LOCAL REG.: 5-11-1956
REGISTRAR'S SIGNATURE: Anna E. Ferry
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Gwinn-Carothers-El Dorado Spgs., Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Max W. Buckering.....

Licensed Embalmer No...16,

P. O. Address El Dorado

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.