

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23297

State File No.

FILED JUL 23 1956

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give town) WASHINGTON		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN UNION
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL		STREET ADDRESS (If rural, give location) 506 BROWN STREET	

3. NAME OF DECEASED (Type or Print) a. (First) ANNIE	b. (Middle) R.	c. (Last) JETT	4. DATE OF DEATH (Month) (Day) (Year) JULY 13 1956
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 21, 1887	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 22 Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY SHOE WORKER	11. BIRTHPLACE (City and State or Foreign Country) DON'T KNOW	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JACK RATTLES	13b. MOTHER'S MAIDEN NAME SERA ELLIS	14. NAME OF HUSBAND OR WIFE CHARLEY JETT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 194-09-1929	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wilbur Downing	ADDRESS Arnold, Mo
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		12 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerotic Cerebrovascular Disease DUE TO (c)		6 Mo
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 checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2-7, 1956, to 7-13, 1956, that I last saw the deceased alive on 7-9, 1956, and that death occurred at 4:17 P.m., from the causes and on the date stated above.

23a. SIGNATURE B. J. Heilmann (Degree or title) R.D.	23b. ADDRESS Union, Mo	23c. DATE SIGNED 7-14-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-15-56	24c. NAME OF CEMETERY OR CREMATORY NEW BETHEL CEMETERY	24d. LOCATION (City, town, or county) (State) BLAND, MO.
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DATE REC'D BY LOCAL REG. 7/24/56	REGISTRAR'S SIGNATURE B. J. Heilmann	25. FUNERAL DIRECTOR'S SIGNATURE E. F. Ottmann	ADDRESS Union, Mo
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

JUL 25 1956

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 *E. F. Ottmann*

Licensed Embalmer No. *168*

P. O. Address *Union*

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.