

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27859

STATE FILE NUMBER

FILED AUG 20 1956

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisianz</u>		c. CITY OR TOWN <u>Louisiana</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike Co. Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>R. R. # 2</u>	
3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>JAMESON</u> Last <u>JAMESON</u>		4. DATE OF DEATH <u>AUG. 8, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1883</u>
9. AGE (In years last birthday) <u>73</u>		10. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Laborer</u>	
11. BIRTHPLACE (City and state or country) <u>Pike Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>George Jameson</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Bertha Griffith, R R 2, Louisiana, Mo.</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cerebro Vasacular Accident with Hemiplegia, Left</u> <u>Acute Myocarditis with Cardiac Hypertrophy, Left</u> <u>General Arterio-sclerotic-Hypertensive</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cardio-Vasacular Disease manifested</u> DUE TO (c) <u>by acute Congestive Heart Failure</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>443x</u>		20c. TIME OF INJURY Hour <u>4:43</u> Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY	
20h. STATE		21. I attended the deceased from <u>July 21, 1956</u> and last saw him alive on <u>8/7/56</u> Death occurred at <u>9:40 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (In full) <u>Robert L. Hudrae M.D.</u>		22b. ADDRESS <u>Louisiana, Mo</u>	
22c. DATE SIGNED <u>8/9/56</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>8/11/56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Louisiana, Missouri</u>		23e. STATE <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>Sterne Funeral Home, Louisiana, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 11, 1956</u>	
26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		27. DATE SIGNED	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Virginia M. Stern*

Licensed Embalmer No. *464*

P. O. Address *Louisiana*

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.