No. 300
10-48

FILED NOV 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34674

State File No.

BIRTH NO. REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 3767 Registrar's No. 120

1. PLACE OF DEATH
a. COUNTY: LINCOLN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BEDFORD TOWNSHIP
c. LENGTH OF STAY (In this place): 4 HOURS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LINCOLN Co. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LINCOLN
c. CITY OR TOWN: WINFIELD
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0510

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle):
c. (Last): JAMISON

4. DATE OF DEATH (Month) (Day) (Year): OCT. 24, 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MARCH 23, 1871
9. AGE (In years last birthday): 85 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER - RET.
10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM
11. BIRTHPLACE (City and State or Foreign Country): LINCOLN COUNTY, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN JAMISON
13b. MOTHER'S MAIDEN NAME: KATHRYN CASSIDY
14. NAME OF HUSBAND OR WIFE: SUSAN JAMISON

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.: ?
17. INFORMANT'S SIGNATURE OR NAME: OCIE BIRKHEAD | ADDRESS: WINFIELD, 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) MESENTERIC THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 48 HRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) MURAL THROMBUS, L. AURICLE — UNKNOWN
DUE TO (c) ARTERIOSCLEROSIS

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
4201
20. AUTOPSY? YES ☐ 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* 10-24, 1956, *to* 10-24, 1956, *that I last saw the deceased alive on* 10/24, 1956, *and that death occurred at* 11:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Louis P. Hellas (Degree or title) MD
23b. ADDRESS: 320 E. WOOD, TROY, MO
23c. DATE SIGNED: 10/27/56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-27-56
24c. NAME OF CEMETERY ~~OR CREMATORY~~: ARGENT FAMILY
24d. LOCATION (City, town, or county) (State): WINFIELD, Mo.

DATE REC'D BY LOCAL REG.: 11-3-56
REGISTRAR'S SIGNATURE: Emma B. Riddle
FUNERAL DIRECTOR'S SIGNATURE: Charles Frost
ADDRESS: Elsberry, 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 embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4017

P. O. Address Elsberry,

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