

FILED APR 29 1957

STANDARD CERTIFICATE OF DEATH

14025

State File No.

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>Unknown</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monroe City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Redlands</u>	
c. LENGTH OF STAY (in this place) <u>55 days</u>		d. STREET ADDRESS (If rural, give location) <u>529 Brookside Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe City Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Leota</u> c. (Last) <u>Jessen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 20 1957</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>9/29/1871</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR: Days <u>6</u> Hours <u>21</u> Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Michael Keller</u>		13b. MOTHER'S MAIDEN NAME <u>Susanna Inanigner</u>		14. NAME OF HUSBAND OR WIFE <u>Benjamin Jessen (dece)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year of date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Paul Walker. Monroe City Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Traumatic shock</u>			<u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of right femur</u>			<u>3 days</u>	
		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		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Monroe Rest Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Monroe City</u> (STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-17-57 7:00 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Slipped + fell going to bathroom</u>	

22. I hereby certify that I attended the deceased from 4-17, 1957, to 4-22, 1957, that I last saw the deceased alive on 4-22, 1957, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. N. Sumner D.O.</u>		23b. ADDRESS <u>Monroe City, Mo.</u>		23c. DATE SIGNED <u>4-22-57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/21 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillside Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Redlands, California</u>	
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DATE REC'D BY LOCAL REG. <u>4-22-57</u>		REGISTRAR'S SIGNATURE <u>Elsie Robertson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harold Garner Monroe City Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 30 1957

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

James L. Lerner

Signed.....
Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Monroe City Mo.

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 this body is not embalmed, fact should be so stated above.