

FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25375

STATE FILE NUMBER

Registration District No. 209 Primary Registration, District No. 3043 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		c. CITY OR TOWN <b>Hannibal</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Levering Hospital</b>		Length of stay in 1b <b>7/7/57</b>	
d. STREET ADDRESS <b>2211 Hope</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>VINCENT EARL JESSUP</b>			4. DATE OF DEATH <b>July 17, 1957</b>
First Middle Last			Month Day Year
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>January 22, 1884</b>
9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>25</b> Hours <b></b> Min. <b></b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Hannibal Missouri</b>
13. FATHER'S NAME <b>Henry B. Jessup</b>		14. MOTHER'S MAIDEN NAME <b>Margret Triplett</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>490 07 9081</b>	17. INFORMANT <b>Mrs. V. E. Jessup Hannibal Missouri</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Pneumonia</b> DUE TO (b) <b>Parkinson's Disease</b> DUE TO (c) <b></b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>492X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 weeks</b> <b>2 years</b>
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.)	
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>			
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 COUNTY STATE
21. I attended the deceased from <b>7-5-57</b> to <b>7-17-57</b> and last saw <sup>her</sup> him alive on <b>7-17-57</b> . Death occurred at <b>10:00 A.M.</b> on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <b>H. A. Kelly</b>		22b. ADDRESS <b>Hannibal Mo</b>	22c. DATE SIGNED <b>7-17-57</b>
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <b>Burial</b>		23b. DATE <b>7/19/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet</b>
23d. LOCATION (City, town, or county) <b>Hannibal Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Herzog and Hunt</b>		ADDRESS <b>Hannibal Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>7/18/57</b>
26. REGISTRAR'S SIGNATURE <b>W. M. Luke By H. C. Fisher</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 26 1957

MARION CO. HEALTH DEPT.

DATE FILED JUL 26 1957

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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.....

Licensed Embalmer No. .... 4

P. O. Address Hannibal M

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