

STANDARD CERTIFICATE OF DEATH

FILED OCT 7 1957

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 314

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Co X, M. D.

1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Jefferson City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Jefferson City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) <b>Saint Mary's Hosp</b>			Length of stay in lb <b>28 years</b>			d. STREET ADDRESS (If outside, give location) <b>903 E. Elm Street</b>		
3. NAME OF DECEASED (Type or print) <b>JESSIE</b>				First <b>MARIE</b>		Last <b>HALL</b>		
4. DATE OF DEATH <b>Sept 30th '57</b>		Month <b>Sept</b>		Day <b>30th</b>		Year <b>'57</b>		
5. SEX <b>Female 3</b>		6. COLOR OR RACE <b>Negro</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>Febr 22nd 1906</b>		
9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Month <b>7</b> Day <b>11</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>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Callaway County, Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Wm J. Reynolds</b>				14. MOTHER'S MAIDEN NAME <b>Martha Ann Busch</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Robert Hall, Jefferson City, Mo.</b>		Address		
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>Cerebral Hemorrhage</b>							INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Hypertensive Cerebrovascular Disease</b>					years	
		DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Obesity</b>							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.)		
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 <b>Jefferson City</b>		COUNTY <b>Cole</b> STATE <b>Mo.</b>		
21. I attended the deceased from <b>1952</b> to <b>Sept 30 1957</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>Sept 20 1957</b> Death occurred at <b>1:15 pm</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>William A. Cox M.D.</b>				22b. ADDRESS <b>Jefferson City Mo</b>		22c. DATE SIGNED <b>Sept 20 1957</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct 3rd '57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jefferson City, Missouri</b>		
24. FUNERAL DIRECTOR <b>Tanner Funeral Home, Jefferson City, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>2 October 1957</b>		26. REGISTRAR'S SIGNATURE <b>R. P. Davis, MA-MR</b>		

OCT 8 1957

VS AUG 16 1957 SA

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   
Donald P. Freeman

Licensed Embalmer No. .... 40

P. O. Address Jefferson City  
Missouri

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.