

FILED SEP 30 1957

Registration District No. 255 Primary Registration District No. AT75 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Thomasville</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Thomasville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>			Length of stay in 1b <u>25 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>R 2 D</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Cora</u> Middle <u>Jane</u> Last <u>Jacchitt</u>				4. DATE OF DEATH Month <u>9</u> Day <u>8</u> Year <u>57</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>8-25-1899</u>		9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>13</u> Days <u>13</u> Hours <u>4</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Elyah Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Harmon Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Mary J. Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>L. M. Jacchitt</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>L. M. Jacchitt, Thomasville, 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>CHRONIC MYOCARDITIS</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>ARTERIOSCLEROSIS.</u>						5 yrs	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CIRRHOSIS OF LIVER</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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT <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 <u>10/18/54 P.M.</u> to <u>9-8-57</u> and last saw her alive on <u>8-6-57</u> Death occurred at <u>8:15 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>C. Callihan, M.D.</u> (Degree or title)				22b. ADDRESS <u>WEST PLAINS, Mo.</u>		22c. DATE SIGNED <u>9-16-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>9-11-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elyah</u>		23d. LOCATION (City, town, or county) (State) <u>Elyah Mo</u>		
24. FUNERAL DIRECTOR <u>Robertson Mortuary</u> ADDRESS _____			25. DATE RECD. BY LOCAL REG. <u>9-30-57</u>		26. REGISTRAR'S SIGNATURE <u>Thomas L. Davidson</u>		

(Licensed Embalmer's Placement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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-57

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 *A. T. Roberts*

Licensed Embalmer No. *343*

P. O. Address *Green Hill*

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.