

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45266

STATE FILE NUMBER

DEC 30 1957

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ste. Genevieve</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Perryville</u>		c. CITY OR TOWN <u>Ste. Genevieve</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perry County Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>Hosp. 668 Jefferson.</u>	
3. NAME OF DECEASED (Type or print) First <u>Jessie</u> Middle <u>Lee</u> Last <u>Ownby</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>2</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>Sept. 25, 1889</u>
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	9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____
11. BIRTHPLACE (City and state or country) <u>Duncan's Bridge, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>R.L. Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Lamkin</u>	14. NAME OF HUSBAND OR WIFE <u>Minor W. Ownby</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mrs. Pearl Kimbell, Moberly, Mo.</u>		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) <u>Cerebral Hemorrhage, massive</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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>1. Bronchial Asthma 2. Generalized Arteriosclerosis 331X</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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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>Nov. 30, 1957</u> to <u>Dec. 2, 1957</u> and last saw her alive on <u>Dec. 2, 1957, 9 a.m.</u> Death occurred at <u>10:50 A.M., Dec. 2, 1957</u> m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Physician or title) <u>Alfred E. McTermott, M.D.</u>		22b. ADDRESS <u>Perryville, Mo.</u>	
22c. DATE SIGNED <u>2 Dec., '57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Dec. 2, 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>MADISON CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>Madison, Mo.</u>	
24. FUNERAL DIRECTOR <u>James H. Kauter</u>		25. DATE RECD. BY LOCAL REG. <u>12-2-57</u>	
ADDRESS <u>Ste. Genevieve Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Joe J. Zalkin</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

securing the medical certification in the specific manner required by 193.140 MoKS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

Not

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 *Jerome S. Kauter*

Licensed Embalmer No. *3817*

P. O. Address *St. Genevieve St*

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.