

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019828
 STATE FILE NUMBER

Health,
 & Welfare
 Public
 Service

FILED MAY 23 1958 Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5245**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Bond		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Greenville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		Length of stay in lb	d. STREET ADDRESS (If outside, give location) East Vine		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) PAULINE MAYFIELD JETT			4. DATE OF DEATH Month May Day 17th Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 5th, 1903		9. AGE (In years last birthday) 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Mayfield		13b. MOTHER'S MAIDEN NAME Polly Wright	
14. NAME OF HUSBAND OR WIFE Pearl Jett		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. UNK	
17. INFORMANT Pearl Jett Greenville, Illinois		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) peritonitis DUE TO (b) perforation of duodenum DUE TO (c) pneumonia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 541.1		INTERVAL BETWEEN ONSET AND DEATH 3 wks.	
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 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 Greenville		20g. COUNTY Illinois		20h. STATE Illinois	
21. I attended the deceased from Apr 21-58 to May 17-58 and last saw her alive on May 17-58 Death occurred at 8:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Carl E. Fischer M.D.		22b. ADDRESS 457 North Kingshighway	
22c. DATE SIGNED 5/17/1958		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/17/1958	
23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Memorial Park		23d. LOCATION (City, town, or county) Greenville, Illinois		(State)	
24. FUNERAL DIRECTOR C. R. Lupton & Sons 7233 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. MAY 19 58		26. REGISTRAR'S SIGNATURE J. Carl Smith md	

(Licensed Embalmer's Statement on Reverse Side)

S. 300
 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

457 North Kingshighway

Forest 1-5610

Hours: 10:00 A.M. Sunday

at St. Louis Hosp

Miss Call was active sign

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.