

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028499  
STATE FILE NUMBER

FILED SEP 10 1958 Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 124

S. 300  
1-57  
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1. PLACE OF DEATH a. COUNTY <i>Cass</i>		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Harrisonville</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>La Tour</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Memorial Hosp</i>		Length of stay in 1b <i>1 week</i>	d. STREET ADDRESS (If outside, give location) <i>La Tour Mo</i>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <i>JOHN</i> Middle <i>WILLIAM</i> Last <i>JETER</i>			4. DATE OF DEATH Month <i>Aug</i> Day <i>31</i> Year <i>1958</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 1 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 4 1876</i>	9. AGE (If 1 year or under 1 year last birthday) Months <i>82</i> Days <i>27</i> Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Contractor</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Building (Retired)</i>	11. BIRTHPLACE (City and state or country) <i>Bedford Indiana</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Elbert Jeter</i>	13b. MOTHER'S MAIDEN NAME <i>Caroline unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Esther Ann Jeter</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>402-26-0046</i>	17. INFORMANT <i>Esther Jeter</i>	Address <i>La Tour, Mo</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>CARCINOMA LUNGS, BILATERAL</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 YEARS</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>BRONCHENIC CARCINOMA RT. LUNG</i>	
	DUE TO (c) <i>1621</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) <i>✓</i>
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20c. TIME OF INJURY Hour <i></i> Month, Day, Year a.m. <i></i> p.m. <i></i>	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
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21. I attended the deceased from <i>23 Aug 1958</i> to <i>Aug 31, 1958</i> and last saw him alive on <i>Aug 31, 1958</i> Death occurred at <i>La Tour</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>O. J. Bary MD</i> (Degree or title)	22b. ADDRESS <i>Harrisonville Mo</i>	22c. DATE SIGNED <i>31 Sept 1958</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial Sept 5 1958</i>	23b. DATE <i>Sept 5 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Helden, Mo. Cem.</i>	23d. LOCATION (City, town, or country) <i>Helden Mo.</i>
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24. FUNERAL DIRECTOR <i>Cummins &amp; Keay</i>	ADDRESS <i>Helden Mo</i>	25. DATE RECD. BY LOCAL REG. <i>Sept 3, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Dora Barnard</i>
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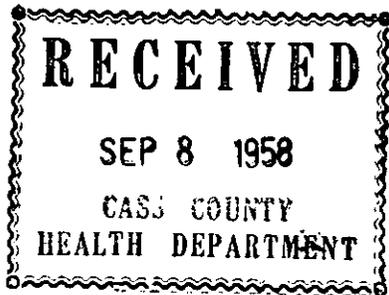
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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SEP 8 1958



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 *[Handwritten Signature]* .....

Licensed Embalmer No. *4044* .....

P. O. Address *Heldreth 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.