

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029569
STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 162

300
1-57
570

1. PLACE OF DEATH a. COUNTY Lincoln			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Moscow Mills, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County Memorial Hospital		Length of stay in lb 15 hr.	d. STREET ADDRESS (If outside, give location) 2 Miles East of Ethlyn MO.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ALFRED Middle JAMESON Last JAMESON			4. DATE OF DEATH Month Aug. Day 31 Year 1958		
5. SEX Male	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 Feb. 2, 1896	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 6 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assistant Supt. of International Shoe Plant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Moscow Mills MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Burton Jameson		13b. MOTHER'S MAIDEN NAME Sarah Rybolt		14. NAME OF HUSBAND OR WIFE Julia Jameson	
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 Address Julia Jameson Moscow Mills MO.	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS				INTERVAL BETWEEN ONSET AND DEATH 20 HOURS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY ATHEROSCLEROSIS				UNKNOW	
DUE TO (c) 4201					
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.)			
20c. TIME OF INJURY Hour 6:55 Month, Day, Year Aug. 31, 1958 a.m. P. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Aug. 31, 1958 to same date and last saw him alive on Aug. 31, 1958 Death occurred at 6:55 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul T. Berry M.D. (Degree or title)			22b. ADDRESS Troy, Mo.		22c. DATE SIGNED 9-3-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 3, 1958	23c. NAME OF CEMETERY OR CREMATORY Highland Prairie Cemetery		23d. LOCATION (City, town, or county) (State) Ethlyn MO.
24. FUNERAL DIRECTOR D.W. McCoy ADDRESS Troy Mo.			25. DATE RECD. BY LOCAL REG. Sept. 5, 1958		REGISTRAR'S SIGNATURE Charlotte Leek

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *D. W. Mc Coy*

Licensed Embalmer No. *3586*

P. O. Address *Troy 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.