

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008939

FILED APR 15 1959

Registration District No. 107 Primary Registration District No. 3019 STATE FILE NUMBER
Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kennett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Senath</u> 35°
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.E. Mayo Hospital / Day</u>		Length of stay in 1b	d. STREET ADDRESS (If outside give location) <u>Gen. Del.</u>
3. NAME OF DECEASED (Type or print) First <u>No</u> Middle <u>Name</u> Last <u>Jedder</u>			4. DATE OF DEATH Month <u>3</u> Day <u>22</u> Year <u>1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-22-1959</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and state or country) <u>Kennett Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
17a. FATHER'S NAME <u>John O. Jedder</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Schubert</u>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>John Jedder</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>Indeclass</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardio-renal decomp of mitral</u>			
DUE TO (c)			
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 <u>7:30</u> a.m. <u>7:30</u> p.m.			
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 <u>Senath Mo.</u>	
		20g. COUNTY <u>Dunklin</u>	
		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>3-22-59</u> to <u>3-22-59</u> and last saw her/him alive on <u>3-22-59</u> Death occurred at <u>10:35 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Earl Husband</u>		22b. ADDRESS <u>Senath Mo.</u>	
		22c. DATE SIGNED <u>4-8-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>3-24-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Senath Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Senath Mo.</u>	
24. FUNERAL DIRECTOR <u>Lento</u>		25. DATE RECD: BY LOCAL REG. <u>4-10-1959</u>	
		26. REGISTRAR'S SIGNATURE <u>Earl Husband</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

COUNTY FILE NUMBER 459-118

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

Licensed Embalmer No.....

P. O. Address.....

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.