

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009174
STATE FILE NUMBER

FILLED MAR 16 1959

Registration District No. 137 Primary Registration District No. 3025 Registrar's No. 62

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|----------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Clinton |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Osteopathic Hospital | | Length of stay in 1b 25 hrs | d. STREET ADDRESS (If outside, give location) 231 W. Franklin |
| 3. NAME OF DECEASED (Type or print) First Middle Last KAREN ANN Jorgensen | | 4. DATE OF DEATH Month 3 Day 8 Year 59 | |
| 5. SEX Female | 6. COLOR OR RACE W. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 3-8-59 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) NB. |
| 11. BIRTHPLACE (City and state or country) Clinton, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Victor Emmanuel Jorgensen | | 13b. MOTHER'S MAIDEN NAME Margaret Lucille Houk | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. | 17. INFORMANT MRS. Victor Houk Address 231 W. Franklin Clinton |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Non viable infant (25 wks) | | | 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) | | | 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.) 776 X | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | |
| 21. I attended the deceased from 3-8-59 , to 3-8-59 and last saw her alive on 3-8-59 Death occurred at 12:45 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE R J Powell DO 2 (Degree or title) | | 22b. ADDRESS Clinton Mo | 22c. DATE SIGNED 3/9/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Casal | 23b. DATE 3-9-59 | 23c. NAME OF CEMETERY OR CREMATORY Englewood | 23d. LOCATION (City, town, or county) (State) Clinton Mo |
| 24. FUNERAL DIRECTOR Consuelo Clinton ADDRESS Clinton Mo | | 25. DATE RECD. BY LOCAL REG. 3-12-59 | 26. REGISTRAR'S SIGNATURE Thomas J. Johnson |

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

....., Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed
Not Embalmed

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.