Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017486
STATE FILE NUMBER

FILED MAY 18 1959 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 119

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Wetzel Hosp. — Length of stay in lb 10 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Vernon
c. CITY OR TOWN Osage Twp. — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) 5 Mi S.Rich Hill — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First AMOS Middle JAMETT Last
4. DATE OF DEATH Month May Day 8 Year 1959
5. SEX male
6. COLOR OR RACE white
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Feb 23 1885
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (City and state or country) Jumet Belgum
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Remey Jamett
13b. MOTHER'S MAIDEN NAME Marie Vandermulen
14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Mrs.Hazel Marlin-Rich Hill,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Glomeralonephritis — Years
DUE TO (c) Recurrent Renal Infection — Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gen. Inanition & Debilitation 6002
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 4-30-59, to 5-8-59 and last saw ~~her~~ him alive on 5-8-59
Death occurred at 10:15 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clinton L. Glaspy HB
22b. ADDRESS 105 E. Ohio, Clinton, Mo.
22c. DATE SIGNED 5-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 5/10/59
23c. NAME OF CEMETERY OR CREMATORY Carbon Center Cem.
23d. LOCATION (City, town, or county) (State) Vernon County,Missouri

24. FUNERAL DIRECTOR Booth
ADDRESS Rich Hill Mo.
25. DATE RECD. BY LOCAL REG. 5-10-59
26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Eugene R. Consalus

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.