

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020126

STATE FILE NUMBER

Filed JUN 10 1959 Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 58

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Stoddard			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Reynolds		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter Liberty		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ellington		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hiway 60 E.		Length of stay in lb 3 mo.	d. STREET ADDRESS (If outside, give location) R. 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Alva Middle William Last DeJournett			4. DATE OF DEATH Month May Day 26 Year 1959		
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 July 17, 1904	9. AGE (In years last birthday) 54	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) Highway Dept. Worker		10b. KIND OF BUSINESS OR INDUSTRY Highway	11. BIRTHPLACE (City and state or country) Essex, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William A. DeJournett		13b. MOTHER'S MAIDEN NAME Leona Skaggs		14. NAME OF HUSBAND OR WIFE Inez DeJournett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW II		16. SOCIAL SECURITY NO. 489-32-8956	17. INFORMANT Inez DeJournett		Address Ellington, Mo. R.2
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occulison					INTERVAL BETWEEN ONSET AND DEATH few hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac asthma					several yrs
DUE TO (c) Arteriosclerosis					Several yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)					19. WAS AUTOPSY PERFORMED? 0 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 Month, Day, Year a.m. 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 COUNTY STATE	
21. I attended the deceased from 3-11-59 to 5-22-59 and last saw ^{him} xx alive on 3-22-59 Death occurred at 4:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Dr. Robert E. Fisher</i>		22b. ADDRESS D.O. Dexter, Mo.		22c. DATE SIGNED 5-27-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5-28-59	23c. NAME OF CEMETERY OR CREMATORY Ellington cemetery		23d. LOCATION (City, town, or county) (State) Ellington, Mo.
24. FUNERAL DIRECTOR Watkins & Sons		ADDRESS Dexter, Mo.		25. DATE RECD. BY LOCAL REG. 6-2-59	26. REGISTRAR'S SIGNATURE <i>Johnna V. Jenkins</i>

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

607-0

0981 1 1 NCP

0981 6 2 NCP

0981 6 2 NCP

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

VS MAY 2

Signed 1960

Marshall W. Atthens

Licensed Embalmer No. *4717*

P. O. Address *Winton Inn*

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.