

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029636

ED VS AUG 2 0 1959

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 2035 Registrar's No. 65

DED

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		Length of stay in 1b Life		c. CITY OR TOWN Lexington		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lexington Memorial Hospital				d. STREET ADDRESS (If outside, give location) 2 miles South of Lexington		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last James Robert Jameson				4. DATE OF DEATH Month Day Year June 24 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 18, 1892	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener		10b. KIND OF BUSINESS OR INDUSTRY Gardening		11. BIRTHPLACE (City and state or country) Lexington, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME H.P. Jameson			13b. MOTHER'S MAIDEN NAME Fannie Cheatham		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I		16. SOCIAL SECURITY NO. 494-12-7765		17. INFORMANT Address W.D. Kelly, Sr., Lexington, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma infiltrating of neck and face DUE TO (b) Carcinoma of ear DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 a.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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 6-20-59 to 6-24-59 and last saw him alive on 6-23-59 Death occurred at 7:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. R. Roper MD (Degree or title)				22b. ADDRESS Lexington Mo		22c. DATE SIGNED 7/10/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 26, 1959	23c. NAME OF CEMETERY OR CREMATORY Machpelah		23d. LOCATION (City, town, or county) (State) Lexington, Missouri.		
24. FUNERAL DIRECTOR Frank A. Stempel, Lexington, Missouri				25. DATE RECD. BY LOCAL REG. 7-24-59		26. REGISTRAR'S SIGNATURE Wm. H. ...	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS AUG-26 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Geo McLean

Licensed Embalmer No. 298

P.O. Address Wilmington, NC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.