JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 23 1959

59-032407

STATE FILE NUMBER

Registration District No. 449 Primary Registration District No. 1002 Registrar's No. 4276

NDED

1. PLACE OF DEATH a. COUNTY: Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo b. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 16 yrs.	c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2613 Madison — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 2613 Madison — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: EURA Middle: M. Last: JAMISON		4. DATE OF DEATH Month Day Year: Sept. 2, 1959	
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 8-15-1892
9. AGE (last birthday): 67	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): Farmer - Ret.	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (City and state or country): Illinois	12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Henry W. Jamison	13b. MOTHER'S MAIDEN NAME: Ella Wolf	14. NAME OF HUSBAND OR WIFE: Ina Jamison	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI	16. SOCIAL SECURITY NO.: 493-14-8156	17. INFORMANT Address: Mrs. Ina Jamison - 2613 Madison	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Coronary Occlusion

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): Tertiary Hypertension Governet Hosp

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 ////////////////, to ////////////// and last saw her/him alive on ////////////////

Death occurred at 2:10am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh H. Owens Coroner	22b. ADDRESS: 1034 Rialto Bldg	22c. DATE SIGNED: 9-2-59	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 9-2-59	23c. NAME OF CEMETERY OR CREMATORY: —	23d. LOCATION (City, town, or county) (State): Weston, Mo.
24. FUNERAL DIRECTOR: MELLODY-McGILLEY-EYLAR WOODLAND & LINWOOD	25. DATE RECD. BY LOCAL REG.: 9-2-59	26. REGISTRAR'S SIGNATURE: Neva Marshall	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Hugh H. Owens

SEP 28 1959

1-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Melvin Bar

Signature of Student Embalmer

Licensed Embalmer No. 49

P. O. Address K. C.

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