URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–039423
STATE FILE NUMBER

FILED VS DEC 15 1959

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 348

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY OR TOWN Jefferson City — Length of stay in 1b: 8 hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hosp — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Osage
c. CITY OR TOWN R.F.D. Belle — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1/2 M. north hiway 89 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First PAUL Middle — Last JETT
4. DATE OF DEATH Month Dec Day 11 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH July 28-1895
9. AGE (last birthday) 64 — 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) Machine operator
10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory
11. BIRTHPLACE (City and state or country) Maries County-Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Harley JETT
13b. MOTHER'S MAIDEN NAME Susan Bumpass
14. NAME OF HUSBAND OR WIFE Etha JETT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Etha JETT — Address Belle-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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-Vascular disease
DUE TO (c)
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. ☐ 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

BY AFFIDAVIT OF

21. I attended the deceased from Dec 10-59 to Dec 11-59 and last saw him alive on Dec 10-59
Death occurred at 4 30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M D
22b. ADDRESS Jeff. City - Mo
22c. DATE SIGNED 12-11-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/13/59
23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery
23d. LOCATION (City, town, or county) (State) Belle - Missouri
24. FUNERAL DIRECTOR Bassmann's Funeral Service — ADDRESS Chas Bassmann - Belle-Mo
25. DATE RECD. BY LOCAL REG. 12 Dec 1959
26. REGISTRAR'S SIGNATURE P.P. Darris M.D. M Richter Dep.

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1958

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 Charles Tasema

Signature of Student Embalmer

Licensed Embalmer No. 4178

P. O. Address Blanc

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.