

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960

=60-022237

Registration District No. 3 Primary Registration District No. 3003 Registrar's No. 77 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY BARRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONETT		Length of stay in 1b 2 wks.	c. CITY OR TOWN EXETER
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. VINCENTS HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First NELS Middle CHRIS Last JENSEN, Sr.			4. DATE OF DEATH Month MAY Day 26 Year 1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-6-1894	9. AGE (last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and state or country) Council Bluffs, Iowa	
10c. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Chriss Jensen		13b. MOTHER'S MAIDEN NAME Andrea Peterson	
13c. NAME OF HUSBAND OR WIFE Rozellie Jensen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO. 484-24-3961			17. INFORMANT Address Rozellie Jensen, Exeter, 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) Uremia		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Left hemiplegia		2 wks.
DUE TO (c) Cerebral hemorrhage		2 wks.
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. _____ p.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 <u>Nov. 1953</u> to <u>5-22-60</u> and last saw <u>him</u> alive on <u>5-22-60</u> Death occurred at <u>4:30 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) Mary Newman M.D.			22b. ADDRESS Cassville, Mo.	
22c. DATE SIGNED 5-24-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-25-60	23c. NAME OF CEMETERY OR CREMATORY Maple Wood Cemetery	
		23d. LOCATION (City, town, or county) (State) Exeter, Missouri		
24. FUNERAL DIRECTOR ADDRESS Doyle E. Williamson, Cassville, Mo.			25. DATE RECD. BY LOCAL REG. 6-14-60	
			26. REGISTRAR'S SIGNATURE M.W.P.N. Cook	

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

MS JUN 27 1966

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

D. E. Williams

Licensed Embalmer No. 4583

P. O. Address Camille

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.