RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-025214

FILED VS JUN 20 1960

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1807

STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Mo. — Length of stay in 1b HRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Webster Gr. Mo. 4000 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) unk. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First James Middle Last Jensen

4. DATE OF DEATH Month Day Year 6-10-60

5. SEX M

6. COLOR OR RACE W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10-26-1913

9. AGE (last birthday) 46 — 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) SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) CROCKER, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JAMES JENSEN

13b. MOTHER'S MAIDEN NAME SIGRED ANDERSON

14. NAME OF HUSBAND OR WIFE MARCELLA JENSEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. unk.

17. INFORMANT EARL JENSEN Address CROCKER, 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) Acute Pulmonary Edema with aspiration — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) of gastric contents
DUE TO (c) Delirium Tremens

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Alcoholism

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 6-9-60, to 6-10-60 and last saw her/him alive on 6-10-60
Death occurred at 10:30 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Morris Gordon M.D.

22b. ADDRESS 601 So. Brentwood

22c. DATE SIGNED 6-11-60

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE June 13, 1960

23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial

23d. LOCATION (City, town, or county) (State) Crocker, Mo.

24. FUNERAL DIRECTOR Hedges Funeral Home ADDRESS CROCKER, Mo

25. DATE RECD. BY LOCAL REG. 6-11-60

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____ Signed Clarence E. Moss

Signature of Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, N

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