

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-031249

FILED VS SEP 12 1960

Registration District No. 385 Primary Registration District No. 3039 STATE FILE NUMBER
Registrar's No. 145

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marceline</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Marceline</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST Francis Hos P.</u>		Length of stay in lb. <u>3da.</u>	d. STREET ADDRESS (If outside, give location) <u>058 1/2 124 E. Lake</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>E.</u> Last <u>Jefferson</u>			4. DATE OF DEATH Month <u>9</u> Day <u>8</u> Year <u>1960</u>			
5. SEX <u>♂ M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9/12/1900</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>16</u>	IF UNDER 24 HRS Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Aeroractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (City and state or country) <u>Charlton, Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>James</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Fletcher</u>		14. NAME OF HUSBAND OR WIFE <u>Verble</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Verble Jefferson</u> Address <u>Marceline, MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Arrest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4331</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arricular fibrillation, Marked dilatation of heart</u> DUE TO (c) <u></u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Encapsulated tumor Rt middle lobe</u>		

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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>					
20d. INJURY OCCURRED WHILE AT <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>9-5-60</u> to <u>9-8-60</u> and last saw her alive on <u>9-8-60</u> Death occurred at <u>3:00 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>John Whinn</u> (Degree or title)		22b. ADDRESS <u>Marceline, MO</u>		22c. DATE SIGNED <u>9-9-60</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		23b. DATE <u>9-10-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>mtolive</u>		23d. LOCATION (City, town, or county) (State) <u>Marceline MO</u>	
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24. FUNERAL DIRECTOR <u>James McLaughlin</u> ADDRESS <u>Marceline, MO</u>		25. DATE RECD. BY LOCAL REG. <u>9-9-60</u>		26. REGISTRAR'S SIGNATURE <u>Rhovie Owens</u>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 29 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 me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Gerald F. Wade*

Licensed Embalmer No. *4173*

P. O. Address *Brown*

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.