

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005739

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 4

STATE FILE NUMBER

AMENDED

FILED VS MAR 6 1961

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Central		Length of stay in 1b	c. CITY OR TOWN Arnold
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hi Way 21 Rl Hillsbord		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Box 347

3. NAME OF DECEASED (Type or print) First Middle Last Georgia Ann Jaycox			4. DATE OF DEATH Month Day Year 2-12-61		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-5-1927	9. AGE (last birthday) 34	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Frank Schillinger		13b. MOTHER'S MAIDEN NAME Lillian Unger		14. NAME OF HUSBAND OR WIFE Carl W. Jaycox	
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.	17. INFORMANT Address Carl W. Jaycox Arnold, 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) <u>GUNSHOT WOUND TO THE HEAD</u>		INTERVAL BETWEEN ONSET AND DEATH
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)		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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>SELF INFLECTED</u>	
20c. TIME OF INJURY Hour Minute p.m. <u>12:40</u>	Month, Day, Year <u>2-12-61</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	20f. CITY, TOWN, OR LOCATION <u>Central Jefferson Twp</u>	COUNTY STATE <u>Jeff. Mo.</u>
21. I attended the deceased from <u>corner's view</u> and last saw him alive on _____ Death occurred at <u>12:40 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>James C. Fisher M.D. Coroner</u>		22b. ADDRESS <u>Feast Mo.</u>	22c. DATE SIGNED <u>2/12/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/16/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MOUNT HOPE</u>	23d. LOCATION (City, town, or county) (State) <u>ST Louis Mo</u>
24. FUNERAL DIRECTOR <u>MAHN FUNERAL HOME</u>		ADDRESS <u>Desoria Mo</u>	25. DATE RECD. BY LOCAL REG. <u>2/16/61</u>
		26. REGISTRAR'S SIGNATURE <u>Oliver Dickerson, sep</u>	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

1961 - 9 MAR SA

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 Ronald J. Mahan

Licensed Embalmer No. 4-975

P. O. Address De Soto, Ga

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.