

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009660

FILED MAR 21 1961 / 87

Registration District No. 187 Primary Registration District No. 3038 Registrar's No. 35

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Linn | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield | | | Length of stay in lb 30 yrs | | c. CITY OR TOWN Brookfield | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Louise's Nursing Home | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 110 S. Livingston | |
| 3. NAME OF DECEASED (Type or print) First NEAL Middle JAMERSON Last | | | | 4. DATE OF DEATH Month March Day 13 Year 1961 | | | |
| 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 7-27-1901 | 9. AGE (last birthday) 60 | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | | 10b. KIND OF BUSINESS OR INDUSTRY Farm/shoe factory | | 11. BIRTHPLACE (City and state or country) Unionville, Mo. | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME Edward Jamerson | | | 13b. MOTHER'S MAIDEN NAME Deborah Martin | | | 14. NAME OF HUSBAND OR WIFE Dicie Jamerson | |
| 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 Mrs. Dicie Jamerson, Brookfield, 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) Chronic Nephritis | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Prostatitis | | | | | | | 4 yrs |
| DUE TO (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I Arteriosclerosis of extremities | | | | | 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 type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <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 1958 to 3/13/61 and last saw him ^{was} alive on 3-8-1961 Death occurred at 2:45 a m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) W B Simpson DO | | | | 22b. ADDRESS Brookfield Mo | | 22c. DATE SIGNED | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3-14-1961 | 23c. NAME OF CEMETERY OR-CREMATORY Rose Hill Cemetery | | 23d. LOCATION (City, town, or county) Brookfield, Mo. | | (State) | |
| 24. FUNERAL DIRECTOR Wright Funeral Home, Brookfield, Mo. | | | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. 3-14-61 | 26. REGISTRAR'S SIGNATURE Katharine Johnson sup. |

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 Herold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, Mo.

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.