

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-020388

STATE FILE NUMBER

AMENDED

Registration District No. 38

Primary Registration District No. 3006 Registrar's No. 382

FILED JUN 19 1961

1. PLACE OF DEATH

a. COUNTY Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Columbia

Length of stay in lb
5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Cole

c. CITY OR TOWN Jefferson City

Inside Limits
Yes No

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION
Univ. of Mo. Medical Center

Inside Limits
Yes No

d. STREET ADDRESS (If outside, give location)
711 Myrtle Ave

Reside on Farm
Yes No

3. NAME OF DECEASED (Type or print)

First Middle Last
Charles William JINSON

4. DATE OF DEATH
Month Day Year
June 14 1961

5. SEX
Male

6. COLOR OR RACE
White

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH
8-13-1897

9. AGE (last birthday)
63

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)
Palmer

10b. KIND OF BUSINESS OR INDUSTRY
Decorator

11. BIRTHPLACE (City and state or country)
Randall Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
Oscar Jinson

13b. MOTHER'S MAIDEN NAME
Ada Smith

14. NAME OF HUSBAND OR WIFE
Myrtle Jinson

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

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Myrtle Jinson Jefferson City 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) Pulmonary Insufficiency

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bullous Emphysema

DUE TO (c) Pulmonary Fibrosis

INTERVAL BETWEEN ONSET AND DEATH
?

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.
 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 s.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 6-9-61 to 6-14-61 and last saw her him alive on 6-14-61
Death occurred at 9:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Robt. E. Stuffleban M.D.

22b. ADDRESS
University Hospital Columbia, Mo.

22c. DATE SIGNED
6/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
June 16, 1961

23c. NAME OF CEMETERY OR CREMATORY
National Cem.

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

24. FUNERAL DIRECTOR ADDRESS
Tanner Service Jefferson City, Mo

25. DATE RECD. BY LOCAL REG.
June 16 1961

26. REGISTRAR'S SIGNATURE
Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

JUN 22 1961

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 George R. Vannell

Licensed Embalmer No. 4425

P. O. Address Columbia,

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.