

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020672

STATE FILE NUMBER

AMENDED

Registration District No. 59 Primary Registration District No. 5218 Registrar's No. 111

FILED JUN 27 1961

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CASS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BIG CREEK		Length of stay in 1b 3 MONTHS	c. CITY OR TOWN BIG CREEK CREEK
c. FULL NAME OF (If NOT hospital, give location) HOSPITAL OR INSTITUTION 5 1/2 WEST PLEASANT HILL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS 5 1/2 West Pleasant Hill (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ORVILLE Middle CLAY Last JETER			4. DATE OF DEATH Month JUNE Day 20 , Year 1961
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/2/176
9. AGE (last birthday) 85		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) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and state or country) Benson, Ill.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME James C. Jeter	
13b. MOTHER'S MAIDEN NAME Mary Peterson		14. NAME OF HUSBAND OR WIFE Cora Jeter	
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. none	17. INFORMANT Address Mrs. Thelma Parrott Pleasant Hill, 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) MYOCARDIAL INFARCTION CORONARY OCCLUSION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 5 MIN 5 MIN
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"/> N. <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m.			
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 6-20-61 to 6-20-61 and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS M. D. Harrisonville, Mo.	22c. DATE SIGNED 6-22-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/23/1961	23c. NAME OF CEMETERY OR CREMATORY Raymore Cemetery	23d. LOCATION (City, town, or county) (State) Raymore, Mo.
24. FUNERAL DIRECTOR E. K. George & Sons, Inc ADDRESS Belton, Mo		25. DATE RECD. BY LOCAL REG. June 23-1961	26. REGISTRAR'S SIGNATURE [Signature]

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 ~~Richard E. Belton~~ *Richard E. Belton*

Licensed Embalmer No. 3958

P. O. Address Belton, M

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.