MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-026195
STATE FILE NUMBER

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 231

FILED JUL 24 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sedalia — Length of stay in 1b: 22 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Bothwell hospital — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): Buena Vista Home — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First LESTER Middle Last JETT

4. DATE OF DEATH: Month July Day 18, Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 10/4/72
9. AGE (last birthday): 88 — 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): Farmer retired
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Agriculture
11. BIRTHPLACE (City and state or country): Saline County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joseph Jett
13b. MOTHER'S MAIDEN NAME: Alice
14. NAME OF HUSBAND OR WIFE: Floy Newell , dec'd.

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: Mrs. J.D. McFarland, Address 917 West 11th Sedalia, 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): Ventricular fibrillation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Fracture of left hip
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 7/15/61
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Also extreme senility
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Fell on floor
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year: 7-15-61
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Buena Vista Home
20f. CITY, TOWN, OR LOCATION: Sedalia COUNTY: Pettis STATE: Mo.

21. I attended the deceased from 7/6/56, to 7/18/61 and last saw him alive on 7/17/61
Death occurred at 3:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Karl B. Gonser MD
22b. ADDRESS: 101½ S. Ohio Sedalia, Mo.
22c. DATE SIGNED: 7/19/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/20/61
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): Sedalia, Missouri

24. FUNERAL DIRECTOR: [signature] ADDRESS: Sedalia, Mo.
25. DATE RECD. BY LOCAL REG.: 7-19-1961
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Duane Ewing

Signature of Student Embalmer

Licensed Embalmer No. 2847

P. O. Address Sedalia, 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.