

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010406

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 70

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAR 26 1962**

1. PLACE OF DEATH  
 a. COUNTY Franklin  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Length of stay in 1b 32 yrs.  
 c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY Franklin  
 c. CITY OR TOWN Washington Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 708 W. Fifth St. Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Lafayette Norton Jett March 21, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 7/14/1906 9. AGE (last birthday) 55 IF UNDER 1 YEAR Months 8 Days 7 IF UNDER 24 HR Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker 10b. KIND OF BUSINESS OR INDUSTRY DeShoe Factory 11. BIRTHPLACE (City and state or country) Rosebud, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles Jett 13b. MOTHER'S MAIDEN NAME Mary Mitchler 14. NAME OF HUSBAND OR WIFE Della Marie Jett

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. [redacted] 17. INFORMANT Della Marie Jett, Washington, Mo. Address 708 W. Fifth St.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Pirrhosis of Liver INTERVAL BETWEEN ONSET AND DEATH 2 yrs  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Ch. hepatitis 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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ s.m. \_\_\_\_\_ p.m. \_\_\_\_\_

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 Dec 12, 1961 to Mar 21, 1962 and last saw him alive on March 19, 1962  
 Death occurred at 1:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) F O Munch M.D. 22b. ADDRESS 208 E. Washington Mo 22c. DATE SIGNED 3/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial Mar. 23, 1962 23b. DATE \_\_\_\_\_ 23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery 23d. LOCATION (City, town, or county) (State) Washington Missouri

24. FUNERAL DIRECTOR Hieburg & Witt, Inc. Washington, Mo ADDRESS 151 N. Dix 25. DATE RECD. BY LOCAL REG. 3/23/62 26. REGISTRAR'S SIGNATURE Lob C. Hedmann

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

MAR 29 1962

**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 Lester A. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.