MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016324
STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 27

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED MAY 2 1962

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bowling Green
Length of stay in 1b: 3 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wilson Rest Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pike
c. CITY OR TOWN: Curryville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Emma Middle: May Last: Jett
4. DATE OF DEATH: Month April Day 26 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-25-1871
9. AGE (last birthday): 90
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): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Public Schools
11. BIRTHPLACE (City and state or country): Pike Co., Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: John May
13b. MOTHER'S MAIDEN NAME: Jane Harper
14. NAME OF HUSBAND OR WIFE: Frank Jett
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: Richard Hawkins, 609 Fairview, Webster Groves, Mo.
Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Peripheral Circulatory Collapse — INTERVAL BETWEEN ONSET AND DEATH: —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardiac Arrest — —
DUE TO (c): Long standing debilitation & Chchexia — —
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 a.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 3/22/62, to 4/26/62 and last saw her alive on 4/26/62
Death occurred at 6:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Jack R. Smith MD (Degree or title)
22b. ADDRESS 214 W. Church, Bowling Green, Mo.
22c. DATE SIGNED 4/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-28-62
23c. NAME OF CEMETERY OR CREMATORY: Curryville Cemetery
23d. LOCATION (City, town, or county) (State): Curryville, Missouri
24. FUNERAL DIRECTOR: William B. Waters
ADDRESS: Vandalia, Mo
25. DATE RECD. BY LOCAL REG.: 4-28-1962
26. REGISTRAR'S SIGNATURE: Maidee E. Williams

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0821		
2	0820		2
3			
4	1		
5	2		
6			
7	0		
8	2		
9	4330		
10			
11			
12	86 2		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

MAY 8 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 William R Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia, Missouri

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.