

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019337

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 160Primary Registration District No. 559Registrar's No. 84

FILED MAY 22 1962

VS 300
Rev. 4/59

10500

205002

3

4 0

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13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 160Primary Registration District No. 559Registrar's No. 84

FILED MAY 22 1962

1. PLACE OF DEATH

a. COUNTY

Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Rural Joachim Twp.

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Jefferson Memorial Hosp.Inside Limits
Yes ☐ No ☒

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

a. STATE

Mo.

b. COUNTY

Jefferson

c. CITY
OR TOWN

Rural Joachim Twp.

Inside Limits
Yes ☐ No ☐d. STREET
ADDRESS(If outside, give location)
Mt. View Rest HomeReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Leon

J. J. Jettis

Allbee

4. DATE
OF DEATH

Month

Day

Year

May 13,

1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10/31/1878

9. AGE (last birthday)

83

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Merchant

10b. KIND OF BUSINESS OR INDUSTRY

Variety Store

11. BIRTHPLACE (City and state or country)

Rochester, Vermont

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

J. J. Jettis Adams Allbee

13b. MOTHER'S MAIDEN NAME

Prudence Almira Hubbard

14. NAME OF HUSBAND OR WIFE

Nellie Tarbell

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.

009-07-9285

17. INFORMANT

Mrs. Helen A. Wilder, Knoxville, Tenn.

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 embolism

INTERVAL BETWEEN
ONSET AND DEATH

15 hours

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cause unknown

DUE TO (c)

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 ☐ Unknown19. 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
INJURYHour
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 5/14/62 to 5/17/62 and last saw her him alive on 5/14/62
Death occurred at 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. M. J. Jettis M.D.

22b. ADDRESS

Crystal City, Mo.

22c. DATE SIGNED

5/17/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

May 15, 1962

23c. NAME OF CEMETERY OR CREMATORY

Rose Lawn

23d. LOCATION (City, town, or county)

Crystal City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Vinyard Funeral Homes, Festus, Mo.

25. DATE RECD. BY LOCAL REG.

5-16-62

26. REGISTRAR'S SIGNATURE

Helen A. Wilder

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JUN 28 1962
JUN 20 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

Donald H. Hinzard

Licensed Embalmer No.

4608

P. O. Address

Felton, 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.