

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024180

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 40

FILED JUL 10 1962

VS 300  
Rev. 4/59

10821

20821

3

4 1

5 2

6

7 0

8 2

94500

10

11

1290-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bowling Green</b>		c. CITY OR TOWN <b>Bowling Green</b>	
Length of stay in lb <b>2 1/2 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>South St.</b>		d. STREET ADDRESS (If outside, give location) <b>South St.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Mary H. (initial only) Jessup</b>		4. DATE OF DEATH Month Day Year <b>June 30, 1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-30-77</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House-keeping</b>	11. BIRTHPLACE (City and state or country) <b>St. Clair, Missouri</b>
13a. FATHER'S NAME <b>David Black</b>		13b. MOTHER'S MAIDEN NAME <b>Harriet Renner</b>	14. NAME OF HUSBAND OR WIFE <b>George W. Jessup</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>Mrs. Herb Redhage, Bowling Green, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Inanition &amp; Debilitation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>
DUE TO (b) <b>Senile Ateriosclerosis</b>			<b>3 yrs.</b>
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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. Month, Day, Year	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 <u>9/8/61</u> to <u>6/30/62</u> and last saw her <u>OK</u> alive on <u>6/27/62</u>		Death occurred at <u>9:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Do not write name) <i>John R. Dineen</i>		22b. ADDRESS <b>214 W. Church, Bowling Green, Mo.</b>	22c. DATE SIGNED <b>7/2/62</b>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>7-2-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Union City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Union, Missouri</b>
24. FUNERAL DIRECTOR <b>Harold Kirks, Bowling Green, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>July 2, 1962</b>	26. REGISTRAR'S SIGNATURE <i>Maidea C. Williams</i>

Removal Permit obtained July 2, 1962

*Maidee E. Williams*

Maidee E. Williams, Local Registrar

**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 *Harold Kirk*

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.