

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-031730

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 167

FILED AUG 21 1962

1. PLACE OF DEATH
 a. COUNTY Livingston
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe Length of stay in 1b 10 days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Susans Rest Home Inside Limits Yes No

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

3. NAME OF DECEASED (Type or print) First Anna Middle J Last Jensen 4. DATE OF DEATH Month August Day 9 Year 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH June 27 1892 9. AGE (last birthday) 70

IF UNDER 1 YEAR Months 1 Days 12 IF UNDER 24 HR Hours Min.

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

13a. FATHER'S NAME Thomas F Quinn 13b. MOTHER'S MAIDEN NAME Delia Mc Hale 14. NAME OF HUSBAND OR WIFE James Jensen

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. None 17. INFORMANT James J Jensen Address Chula 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) Carcinoma of Colon INTERVAL BETWEEN ONSET AND DEATH 2 yrs
 DUE TO (b) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Operated at Cancer Hosp. Columbia, Mo. July '61 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 _____ a.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 July 25-62 to Aug 9-62 and last saw her alive on Aug 9-62
 Death occurred at 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph Conrad M.D. (Degree or title) 22b. ADDRESS Chillicothe MO 22c. DATE SIGNED 8/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8/13/1962 23c. NAME OF CEMETERY OR CREMATORY Rest Haven Memorial 23d. LOCATION (City, town, or county) (State) Chillicothe MO

24. FUNERAL DIRECTOR Ed. Robertson ADDRESS Funeral Home - Chula Mo. 25. DATE RECD. BY LOCAL REG. Aug 13, 1962 26. REGISTRAR'S SIGNATURE Annabelle Taylor

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59

0595

0590

3

4 1

5 1

6

7 1

8 2

9 1538

10

11

1286-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 *J. Robertson*

Licensed Embalmer No. 4388

P. O. Address Laredo

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.