

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037340

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 333 Primary Registration District No. 6115 Registrar's No. 199 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

FILED SEP 17 1962

1. PLACE OF DEATH
a. COUNTY SCOTT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHLAND TWP. Length of stay in 1b 5 MINUTES
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GRANT CITY SEAV. STA. HWY 61 - No. SIOGESTON Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY SCOTT
c. CITY OR TOWN CHAFFEE Inside Limits Yes No
d. STREET ADDRESS 322 WRIGHT AVE. (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
PAUL (Wm) JAMERSON
4. DATE OF DEATH Month Day Year
SEPT. 4, 1962

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH OCT. 17 1914 9. AGE (last birthday) 47 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10 17

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SERVICE MAN - SELF EMPLOYED 10b. KIND OF BUSINESS OR INDUSTRY JAMERSON REFRIGERATION 11. BIRTHPLACE (City and state and country) ESSEX, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JAMES OSCAR JAMERSON 13b. MOTHER'S MAIDEN NAME NORMA AUCHENBOLD 14. NAME OF HUSBAND OR WIFE ETHEL PAULINE CRUMP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES 16. SOCIAL SECURITY NO. WILL 17. INFORMANT Address 24 MRS. ETHEL JAMERSON - CHAFFEE, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Udate coronary heart disease (myocardial infarction)
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)
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 3/30/56 to 9/4/62 and last saw him xx alive on 8/15/62
Death occurred at 2:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles Yates MD 22b. ADDRESS 714 Broadway Cape Girardeau Mo. 22c. DATE SIGNED 9/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE SEPT. 7, 1962 23c. NAME OF CEMETERY OR CREMATORY UNION PARK CEMETERY 23d. LOCATION (City, town, or county) (State) CHAFFEE, Missouri

24. FUNERAL DIRECTOR Bispling & Hoff Funeral Home - CHAFFEE, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. Sept 13 - 1962 26. REGISTRAR'S SIGNATURE Jeanette Waldman

USE BLACK INK OR TYPEWRITER RIBBON

SEP 27 1962

Ms Bernil Baird

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 *Jack T. Burnett*

Licensed Embalmer No. *4473*

P. O. Address *Chaffee, 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.