

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-033775

STATE FILE NUMBER

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **8378**

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 22 1963

VS 300
Rev. 4/59

1

2 **22**

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11

12 **830**

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Length of stay in 1b 1 day	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital, St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1126 S. 18th Street
3. NAME OF DECEASED (Type or print) First Middle Last OSCAR H. JETT		4. DATE OF DEATH Month Day Year 8-15-63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-29-98
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 65
11. BIRTHPLACE (City and state or country) Gravelton, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Elijah Jett		13b. MOTHER'S MAIDEN NAME Malinda Busera	
14. NAME OF HUSBAND OR WIFE Thecla M. Jett		17. INFORMANT Thecla M. Jett (Wife)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of Yes WWI		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) ADENOCARCINOMA METASTATIC TO BRAIN			
DUE TO (b) DIABETES INSIPIDUS -- POST-SURGICAL			
DUE TO (c) 199,2			
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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. VA attended the deceased from 5-3-63 to 8-15-63 and last saw XX him alive on 8-15-63		Death occurred at 11:46 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE [Signature] DR. P. E. FOOT		22b. ADDRESS M.D. VAH ST. LOUIS, MO	22c. DATE SIGNED 8-15-63
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE AUG 19, 1963	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.	23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MO.
24. FUNERAL DIRECTOR Thomas Kutis 2906 Gravoia		25. DATE RECD. BY LOCAL REG. 8-19-1963	26. REGISTRAR'S SIGNATURE [Signature]

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

Lesley H. [Signature]

Licensed Embalmer No. 4865

P. O. Address St Louis 19, 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.