

FILED MAR 7 1950

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 4658

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Windsor</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Windsor</b>	
c. LENGTH OF STAY (in this place) <b>26 years</b>		<b>0422</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>309 E. Florence</b>		d. STREET ADDRESS (If rural, give location) <b>309 E. Florence</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jennet</b> b. (Middle) <b>Johnston</b> c. (Last) <b>Jockers</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 28 1950</b>		
5. SEX <b>Fe</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>February 21 1866</b>		9. AGE (In years last birthday) <b>84</b>		10. IF UNDER 1 YEAR Months <b>7</b> Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>					

13a. FATHER'S NAME <b>James Johnston</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Miller</b>		14. NAME OF HUSBAND OR WIFE <b>Jacob N. Jockers</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>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. M. D. Muir, Windsor, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>nutritional deficiency</b>					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>410X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 1947, to Feb 28, 1950, that I last saw the deceased alive on Feb 28, 1950, and that death occurred at 2:00 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wendell M. D.</b>		23b. ADDRESS <b>Windsor</b>		23c. DATE SIGNED <b>3/1/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-2-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>	
				24d. LOCATION (City, town, or county) (State) <b>Windsor, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>Mar 6 50</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Huston-Turner, Windsor, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 24 1951

RECEIVED

District Health Officer No. 7

District File Number 2-50-166

Date Filed 3-6-50

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 .....  
Student Embalmer

Signed.....

*William M. Turner*

Licensed Embalmer No. ....

*4648*

P. O. Address.....

*Windsor M.*

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 this body is not embalmed, fact should be so stated above.