

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5605**

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4214** Registrar's No. **59**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED a. (First) Henry		b. (Middle) Shirley		c. (Last) Jamerson		4. DATE OF DEATH (Month) (Day) (Year) Feb. 6th '53	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 10, 1875	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 3 Days 26		IF UNDER 4 HRS. Hours Min. 		11. BIRTHPLACE (State or foreign country) Carroll County Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Common		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME David Jamerson		13b. MOTHER'S MAIDEN NAME Martha Shirley		14. NAME OF HUSBAND OR WIFE Sarah Elisabeth Jamerson	
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. 499# 07-3798		17. INFORMANT'S SIGNATURE OR NAME Mrs Jim Chaney Deepwater Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis.		INTERVAL BETWEEN ONSET AND DEATH 3 hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension, Virus Infection, Pneumonia,		4 weeks	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 **January 19 53**, to **Feb 6, 1953**, that I last saw the deceased alive on **Feb. 6, 1953**, and that death occurred at **3-29Pm.**, from the causes and on the date stated above.

23a. SIGNATURE H. C. R. Townsend (Degree or title) DO.		23b. ADDRESS Deepwater, Mo.		23c. DATE SIGNED 2-7-53.	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 10, 53		24c. NAME OF CEMETERY OR CREMATORY Deepwater Cemetery		24d. LOCATION (City, town, or county) (State) Deepwater Mo	
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DATE REC'D BY LOCAL REG. Feb-10-53		REGISTRAR'S SIGNATURE Florence Adair		FUNERAL DIRECTOR'S SIGNATURE Adair		ADDRESS Deepwater Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 20 1953

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 *Tom Hiest*

Licensed Embalmer No. *2782*

P. O. Address *Deepwater 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 this body is not embalmed, fact should be so stated above.