

FILED OCT 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NO. **34642**Registration District No. **383** Primary Registration District No. **5655** Registrar's No. **51**

1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Windsor		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State San.		Length of stay in lb 903 days		d. STREET ADDRESS 308 E. Benton		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print)			First Jacqueline Jean			Middle Arey			Last Arey			4. DATE OF DEATH Month Oct. Day 15, Year 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH April 30, 1918		9. AGE (In years last birthday) 38		IF UNDER 1 YEAR Months 0 Days 420 Hours 1 Min.		IF UNDER 24 HRS. Hours 1 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Windsor, Mo.				12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Sidney Franklin Nichols						14. MOTHER'S MAIDEN NAME Mildred King								
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 Address San. Records, Mo. State San., Mt. Vernon, 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) cor pulmonale										INTERVAL BETWEEN ONSET AND DEATH 36 hrs.				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____														
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Pulmonary tuberculosis, 10 years										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 _____ Month _____ Day _____ a. m. _____ p. m. _____														
20d. INJURY OCCURRED WHILE AT <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. I attended the deceased from Dec. 29, 1953 to Oct. 15, 1956 and last saw her alive on 10-15-56 Death occurred at 8:25 a. m on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE C. A. Brashev m. 100 (Degree or title)								22b. ADDRESS State San., Mt. Vernon, Mo.		22c. DATE SIGNED 10-15-56				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-15-56		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State) Windsor, Mo.						
24. FUNERAL DIRECTOR Max L. Fossett ADDRESS Mt. Vernon, Mo.				25. DATE RECD. BY LOCAL REG. 10-25-56		26. REGISTRAR'S SIGNATURE Cecil Handricks								

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Max L. Fossett*

Licensed Embalmer No. *47*

P. O. Address *Mt. Vernon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.