

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011380

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 88

DO NOT WRITE ON THIS STUB

AMENDED

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| <b>FILED MAR 25 1963</b>   |  |
| <p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <u>Henry</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>302 E. Ohio St.</u></p>  | <p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u></p> <p>c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>302 E. Ohio St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |
| <p><b>3. NAME OF DECEASED</b> First Middle Last (Type or print) <u>SALLIE THORNTON JAGEMAN</u></p>   |  |
| <p><b>4. DATE OF DEATH</b> Month Day Year <u>March 16, 1963</u></p>  |  |
| <p><b>5. SEX</b> <u>Female</u></p>   | <p><b>6. COLOR OR RACE</b> <u>White</u></p>  |
| <p><b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/><br/><b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/></p>  | <p><b>8. DATE OF BIRTH</b> <u>1/1/1884</u></p>   |
| <p><b>9. AGE</b> (last birthday) <u>82</u></p>   | <p><b>10. IF UNDER 1 YEAR</b> Month <u>2</u> Days <u>15</u> Hours <u> </u> Min. <u> </u></p>   |
| <p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housekeeper</u></p>   | <p><b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u> </u></p>   |
| <p><b>11. BIRTHPLACE</b> (City and state or country) <u>Henry Co., Mo.</u></p>   |  |
| <p><b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u></p>   |  |
| <p><b>13a. FATHER'S NAME</b> <u>Joshua Josuha Howerton</u></p>   | <p><b>13b. MOTHER'S MAIDEN NAME</b> <u>Eliza Harrington</u></p>  |
| <p><b>14. NAME OF HUSBAND OR WIFE</b> <u>Deceased</u></p>  |  |
| <p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)</p>   | <p><b>16. SOCIAL SECURITY NO.</b> <u>None</u></p>  |
| <p><b>17. INFORMANT</b> <u>Mrs. Chesley Gates, RFD. #4, Clinton, Mo.</u></p>   |  |
| <p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u></p> <p style="text-align: center;">DUE TO (b) <u>Cerebral Thrombosis</u> <u>minutes</u></p> <p style="text-align: center;">DUE TO (c) <u>Cerebral Arteriosclerosis</u> <u>years</u></p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Semility</u></p> <p style="text-align: center;">PART III. If deceased (was female) there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p> |  |
| <p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>   | <p><b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/></p>  |
| <p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)</p>   |  |
| <p><b>20c. TIME OF INJURY</b> Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u></p>   | <p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/></p>  |
| <p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>   |  |
| <p><b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE</p>  |  |
| <p><b>21. I attended the deceased from</b> <u>1-24-63</u> to <u>3-16-63</u> and last saw her/him alive on <u>3-15-63</u></p> <p>Death occurred at <u>5:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>  |  |
| <p><b>22a. SIGNATURE</b> (Degree or title) <u>Clinton P. Glasgow, D.O.</u></p>   | <p><b>22b. ADDRESS</b> <u>Clinton Mo.</u></p>  |
| <p><b>22c. DATE SIGNED</b> <u>3/19/63</u></p>  |  |
| <p><b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u></p>  | <p><b>23b. DATE</b> <u>Mar. 17, 1963</u></p>   |
| <p><b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Carrsville Cemetery</u></p>  |  |
| <p><b>23d. LOCATION</b> (City, town, or county) (State) <u>Blairstown, Mo. Rural</u></p>   |  |
| <p><b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Vansant Funeral Home, Clinton, Mo.</u></p>   | <p><b>25. DATE RECD. BY LOCAL REG.</b> <u>3-18-1963</u></p>  |
| <p><b>26. REGISTRAR'S SIGNATURE</b> <u>Mildred Bigum</u></p>   |  |

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Permit Obtained 318-63 (M) 1012121 Call when ready 9-2021

**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 *H. A. Vassant*

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.