

FILED MAY 20 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER
68 0020101

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 124VS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST 1. Sharla Leila Jamsek			SEX 2. Fe	DATE OF DEATH (MONTH, DAY, YEAR) 3. May 16, 1968		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White		AGE—LAST BIRTHDAY (YEARS) 5a. 88	UNDER 1 YEAR 5b. MOS.	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. May 1, 1880	COUNTY OF DEATH 7a. Henry
CITY, TOWN, OR LOCATION OF DEATH 7b. Clinton		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Wetzel Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Kansas		CITIZEN OF WHAT COUNTRY 9. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. John Jamsek
SOCIAL SECURITY NUMBER 12. none		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Housewife		KIND OF BUSINESS OR INDUSTRY 13b. Home		
RESIDENCE—STATE 14a. Missouri		COUNTY 14b. Henry	CITY, TOWN, OR LOCATION 14c. Urich,		STREET AND NUMBER 14d. Yes 14e. 208 E. 4th St.	
FATHER—NAME FIRST MIDDLE LAST 15. William (none) Hoskinson			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Dorcas Eleanor Hill			
INFORMANT—NAME 17a. John Jamsek			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Urich, Mo. 64788			

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE				
(a) medullary paralysis		DUE TO, OR AS A CONSEQUENCE OF:		minutes
(b) Central vascular thrombosis		DUE TO, OR AS A CONSEQUENCE OF:		2 days
(c) Central vascular atherosclerosis		DUE TO, OR AS A CONSEQUENCE OF:		years
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)		AUTOPSY (YES OR NO) 19a.	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (TO THE CAUSE(S) STATED) 19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b. ny	HOUR 20c. ny	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d. ny	
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.		

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 2/1/66 TO 21b. 5/15/68		AND LAST SAW HIM/HER ALIVE ON 21c. 5/16/68	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. did	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 9:38 P.M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.				
CERTIFIER—NAME (TYPE OR PRINT) 23a. James C. Claus		SIGNATURE 23b. James C. Claus		DEGREE OR TITLE 23c. MD
MAKING ADDRESS—CERTIFIER 23d. 105 E Ohio		CITY OF TOWN 23e. Clinton mo		STATE 23f. MO
DATE SIGNED (MONTH, DAY, YEAR) 23g. 5/17/68		ZIP 23h. 64735		
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Urich		LOCATION 24c. Urich, Missouri	
DATE (MONTH, DAY, YEAR) 24d. May 19, 1968	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OF TOWN, STATE, ZIP) 24e. Snow's 201 E. 4th St. Urich, Mo. 64788			
FUNERAL DIRECTOR—SIGNATURE 25a. Ruth I Snow	REGISTRAR—SIGNATURE 25b. Mildred Bigum	DATE RECEIVED BY LOCAL REGISTRAR 25c. May 18, 1968		

DO NOT WRITE ON THIS STUB

9. 1
10a. 88
10b. 2
11. 1
12. 1
13. 4339
14. 9
15. 9
16. 2
17. 2
18. 2
19. CREDITS
20. 1-0

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

7-10-68

5-5-69

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 Meredith G. G. G.

Licensed Embalmer No. 40311

P. O. Address Whitch, 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.