

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27893

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5550</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u> ⁰⁴⁶⁰				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY OR TOWN <u>Waukegan</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. LENGTH OF STAY (In this place) <u>6 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Waukegan</u> ⁰⁴⁶⁰		d. STREET ADDRESS <u>R 7th</u> <small>(If rural, give location)</small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Benton twp</u>				3. NAME OF DECEASED a. (First) <u>Marion</u> b. (Middle) <u>Jayne</u> c. (Last) _____			
4. DATE OF DEATH <u>7-21-52</u> <small>(Month) (Day) (Year)</small>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
8. DATE OF BIRTH <u>12-18-1871</u>		9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR <u>1</u> MONTHS <u>1</u> DAYS _____ IF UNDER 24 HRS. _____ MIN. _____		10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>David Jayne</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy</u>	
14. NAME OF HUSBAND OR WIFE <u>Suehda Jayne</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Jayne, Mrs. Haine No</u> ADDRESS _____	
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) <u>Acute dilatation of heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of face</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
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) <u>4222 H</u> (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 <u>10-22-1947</u> , to <u>7-21-1952</u> , that I last saw the deceased alive on <u>7-1-1952</u> , and that death occurred at <u>5:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Daniel R. Lewis, M.D.</u> (Degree or title)				23b. ADDRESS <u>Bohannon, Mo.</u>		23c. DATE SIGNED <u>8-10-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>7-22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baptist Burial</u>		24d. LOCATION (City, town, or county) (State) <u>Waukegan Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-28-52</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Robertus</u>		ADDRESS <u>Mrs. Haine No</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

D. D. Roberts

Licensed Embalmer No. *3432*

P. O. Address *West Hill*

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.