

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26771

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 5433 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Rural Union</u> c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Beaufort Mo</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Beaufort Mo P.H.R.</u>		e. STREET ADDRESS (If rural, give location) <u>Rural</u> <u>0260</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Jessmer</u> c. (Last) <u>Jessmer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 16 1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>M</u>	8. DATE OF BIRTH <u>Oct 3 1875</u>	9. AGE (In years last birthday) <u>78</u>	10. MONTH <u>10</u>	11. DAY <u>13</u>	12. HOURS <u>13</u>	13. MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Beaufort Mo. P.H.R. U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Jessmer</u>	13b. MOTHER'S MAIDEN NAME <u>Sophia Techtler</u>	14. NAME OF HUSBAND OR WIFE <u>Malma Jessmer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u> (If yes, give war or dates of service) <u></u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Albert W. Jessmer</u> ADDRESS <u>Beaufort Mo</u>
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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		19. INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic Cardio Vascul Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Dementia</u>		6 Mo.	

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>

22. I hereby certify that I attended the deceased from 9-2, 1953, to 8-16, 1954, that I last saw the deceased alive on 7-2, 1954, and that death occurred at 4:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. A. Strickman M.D.</u>	23b. ADDRESS <u>Union Mo</u>	23c. DATE SIGNED <u>8-17-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 18 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Jordans Evang. Jeffriesburg</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
DATE REC'D BY LOCAL REG. <u>Aug 18 1954</u>	REGISTRAR'S SIGNATURE <u>H. T. Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Jessmer</u> ADDRESS <u>Beaufort Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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 E. H. Jenne, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed E. H. Jenne

Licensed Embalmer No. 307

P. O. Address Beaufort

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.