

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 9772

FILED MAR 20 1956

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>5725</u>		Registrar's No. <u>82</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Macon, Hudson township</u>			c. LENGTH OF STAY (In this place) <u>2 MOS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>			0883 1
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth Ost. Sanatorium</u>				d. STREET ADDRESS (If rural, give location) <u>400 W. Logan</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Alva</u>		c. (Last) <u>Jett</u>	
4. DATE OF DEATH		(Month) <u>March</u>		(Day) <u>6</u>		(Year) <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 3, 1875</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>E. H. Jett</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Hannah</u>		14. NAME OF HUSBAND OR WIFE <u>Dec.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ward Hayden, daughter, Moberly, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u>		ANTECEDENT CAUSES <u>Thrombotic encephalomalacia</u>					indef.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____					indef.
		DUE TO (c) <u>arteriosclerosis</u>					
II. OTHER SIGNIFICANT CONDITIONS		<u>senile psychosis</u>					
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>332X</u> YES <input type="checkbox"/> NO <input 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) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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>Dec. 31</u> , 19 <u>55</u> , to <u>March 6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>March 6</u> , 19 <u>56</u> , and that death occurred at <u>5:40 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. J. ...</u> (Degree or title) _____				23b. ADDRESS <u>Macon, Missouri</u>		23c. DATE SIGNED <u>Mar. 6, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 8, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3/7/56</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cater Funeral Home</u> ADDRESS <u>Moberly Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SSS. 01 11

RECEIVED 3.13.56  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 3.56.30  
Date Filed 3.14.56

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 B. M. Carter

Licensed Embalmer No. 4117

P. O. Address Mabley 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 this body is not embalmed, fact should be so stated above.