

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026177
STATE FILE NUMBER

FILED AUG 7 1958		Registration District No. <u>59 385</u>	Primary Registration District No. <u>3039</u>	Registrar's No. <u>330</u>
1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO		b. COUNTY MACON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE		c. CITY OR TOWN CALLAO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BUNTON REST HOME		Length of stay in 1b		d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last MITTE C. JAYBROOK			4. DATE OF DEATH Month Day Year 7/10/58	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/11/1876	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) CALLOE MO	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME MAGGIE LOBBAN CLAYBROOK		14. NAME OF HUSBAND OR WIFE UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address VERNE W. BAKER MOBERLY, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Generalized Arteriosclerosis with Cerebral Arteriosclerosis + Sensitivity Pulmonary Emphysema + Fibrosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None				INTERVAL BETWEEN ONSET AND DEATH 4200
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>July 7, '58</u> to <u>July 10, '58</u> and last saw ^{her} him alive on <u>July 7, '58</u> Death occurred at <u>7:40 AM 7/10/58</u> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) Glennon A. Hoener, M.D.		22b. ADDRESS 121 N. Kansas Ave		22c. DATE SIGNED 7/11/58
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 7/12/58	23c. NAME OF CEMETERY OR CREMATORY SAINT JOSEPH CEM.	
23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		24. FUNERAL DIRECTOR ADDRESS James M. Laughlin Marceline Mo		
25. DATE RECD. BY LOCAL REG. 7-11-58		26. REGISTRAR'S SIGNATURE Brookie Owens		

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *James B. McClelland*

Licensed Embalmer No. *4230*
P. O. Address *Brookfield, 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.