

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012805
STATE FILE NUMBER

FILED APR 21 1959 Registration District No. 99 Primary Registration District No. Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <i>DeKalb</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>DeKalb</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Stewartville</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Stewartville</i> 0321 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <i>5 1/2</i>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Andrew</i> Middle <i>-</i> Last <i>Jeyer</i>			4. DATE OF DEATH Month <i>4</i> Day <i>12</i> Year <i>1959</i>		
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5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Mar. 20, 1891</i>	9. AGE (In years last birthday) <i>68</i>	10. F UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	11. IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Clinton Co. Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13. FATHER'S NAME <i>James Jeyer</i>	13b. MOTHER'S MAIDEN NAME <i>Nancy Thomas</i>	14. NAME OF HUSBAND OR WIFE <i>X X X</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>500-38-1681</i>	17. INFORMANT <i>Chas. Jeyer, Stewartville, Mo.</i>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>myocardial insufficiency</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 da</i>
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT 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 _____
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21. I attended the deceased from _____ to _____ and last saw him/her alive on *April 11, 1959*
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>E. J. Jey</i> (Degree or title)	22b. ADDRESS <i>Stewartville, Mo.</i>	22c. DATE SIGNED <i>4-13-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>4-14-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Stewartville County</i>	23d. LOCATION (City, town, or county) (State) <i>Stewartville, Mo.</i>
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24. FUNERAL DIRECTOR <i>W.E. Summerfield, Stewartville, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>4-18-59</i>	26. REGISTRAR'S SIGNATURE <i>Walter D. ...</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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.

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 *[Handwritten Signature]*

Licensed Embalmer No. 3007
P. O. Address *[Handwritten Address]*

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.