

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038804

FILED VS NOV 14 1960

160

4250

144

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PEVELY		Length of stay in 1b 16 YRS	c. CITY OR TOWN PEVELY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5 AND OAK Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JESSE Middle ALLEN Last DANTICE			4. DATE OF DEATH Month NOV Day 5 Year 1960			
5. SEX MALE	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH OCT 6, 1886	9. AGE (last birthday) 74	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED STREET CAR		10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SERVICE		11. BIRTHPLACE (City and state or country) LAMAR MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME J.L. DANTICE			13b. MOTHER'S MAIDEN NAME ELIZABETH J. ASH			14. NAME OF HUSBAND OR WIFE SALLIE DANTICE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 493-10-9687		17. INFORMANT SALLIE DANTICE PEVELY 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) myocardial		INTERVAL BETWEEN ONSET AND DEATH 3 mo.
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) Carcinoma of liver - chronic		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 **Aug 1960** to **4 Nov 60** and last saw her/him alive on **4 Nov 60**
Death occurred at **4:30** **a** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carl B. Jursky D.O.	(Degree or title)	22b. ADDRESS Foster, MO	22c. DATE SIGNED 5 Nov 60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE NOV 8, 1960	23c. NAME OF CEMETERY OR CREMATORY MT HOPE CEMETERY	23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO
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24. FUNERAL DIRECTOR HEILIGTAD FUNERAL HOME	ADDRESS IMPERIAL MO	25. DATE RECD. BY LOCAL REG. 11-5-60	26. REGISTRAR'S SIGNATURE Lucas A. Rigdon
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 29 1960

JAN 6 9 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elmer A. Heligtag

Licensed Embalmer No. 3571

P. O. Address Imperial

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.