

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25938

BIRTH NO. _____ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 4560 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Wright 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY wright	
b. CITY (If outside corporate limits, write RURAL and give township) Norwood		c. CITY (If outside corporate limits, write RURAL and give township) Hart township 114	
c. LENGTH OF STAY (in this place) 10 days		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Howard Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Washington c. (Last) Jarrett			4. DATE OF DEATH (Month) (Day) (Year) July 28-1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Oct. 2-1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 26	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Norwood, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Jarrett	13b. MOTHER'S MAIDEN NAME Elizabeth Bradshaw	14. NAME OF HUSBAND OR WIFE Catherine
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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) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Acie Jarrett	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage of Brain		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial sclerosis DUE TO (c) Rheumatism		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mitral Insufficiency			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 5, 1949** to **July 28, 1949**, that I last saw the deceased alive on **July 28, 1949**, and that death occurred at **12:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE L. P. King, M.D.	(Degree or title)	23b. ADDRESS Norwood, Missouri	23c. DATE SIGNED 7-29-1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-31-1949	24c. NAME OF CEMETERY OR CREMATORY New Winona Cemetery	24d. LOCATION (City, town, or county) (State) Winona Mo.
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DATE REC'D BY LOCAL REG. 7-23-49	REGISTRAR'S SIGNATURE Mrs. A. B. Wersham by Mrs. Donald F. Gouldin	54475 FUMERAL DIRECTOR'S SIGNATURE Donald F. Gouldin	ADDRESS Norwood, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 10 1949

District Health Office No. 6,

District File Number 849-921

Date Filed 8-10-49

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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 Thomas Kauldin

Licensed Embalmer No. 4317

P. O. Address Norwood, Mo.

Note: --The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.