

FILED OCT 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29753

BIRTH NO. _____		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>4158</u>		Registrar's No. <u>71</u>		
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Buffalo</u>		c. LENGTH OF STAY (In this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Buffalo</u>		3000		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>209 Cedar</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANKIE LEE</u> b. (Middle) <u>JARVIS</u> c. (Last) <u>JARVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-22-49</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>1-29-1920</u>		
9. AGE (In years last birthday) <u>29</u>		10. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Childress, Texas</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>Frank Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Grady Woodall</u>		14. NAME OF HUSBAND OR WIFE <u>LaBurne Jarvis</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Grady McPherson</u> ADDRESS <u>Buffalo</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>bronchial pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 min</u> <u>10 days</u> <u>491X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 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) _____		21f. HOW DID INJURY OCCUR? _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from <u>17 Sept, 1949</u> , to <u>20 Sept, 1949</u> , that I last saw the deceased alive on <u>20 Sept, 1949</u> , and that death occurred at <u>8:15 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>O. Griffin</u> (Degree or title) <u>no</u>				23b. ADDRESS <u>Buffalo</u>		23c. DATE SIGNED <u>22 Sept 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>23 Sept</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>California</u>		
DATE REC'D BY LOCAL REG. <u>10/1/49</u>		REGISTRAR'S SIGNATURE <u>Mrs. E. B. Jones</u> <u>80</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Jones</u>		ADDRESS <u>Buffalo, Mo</u>		

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

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NOV 8 1949

RECEIVED

District Health Officer No. 7,

District File Number 9-49-1184

Date Filed 10-3-49

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 Mavis B. Jones

Licensed Embalmer No. 4322

P. O. Address Buffalo 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.