No. 300
10-48

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1101

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 260

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 1717 Metropolitan Ave.

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3. NAME OF DECEASED (Type or Print): a. (First) R. b. (Middle) Lee c. (Last) De Jarnette

4. DATE OF DEATH (Month) (Day) (Year): January 17, 1950

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 12-16-1886
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): office manager
10b. KIND OF BUSINESS OR INDUSTRY: Larrabee Flour Mill
11. BIRTHPLACE (State or foreign country): Bates County, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: J. L. De Jarnette
13b. MOTHER'S MAIDEN NAME: Mattie Stewart
14. NAME OF HUSBAND OR WIFE: Helen De Jarnette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-05-2790
17. INFORMANT'S SIGNATURE OR NAME: Helen De Jarnette ADDRESS: K. C. Kans.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) encephalomalacia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

II. ANTECEDENT CAUSES. *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) diffuse encephalitis — 1 mo.
DUE TO (c) non epidemic

III. OTHER SIGNIFICANT CONDITIONS. *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-26, 19 49, *to* 1-17, 19 50, *that I last saw the deceased alive on* 1-17, 19 50, *and that death occurred at* 9A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Marvin L. Bills (Degree or title) M. D.
23b. ADDRESS: 411 Alameda Rd. K. C. Mo.
23c. DATE SIGNED: 1-17-50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1-19-50
24c. NAME OF CEMETERY OR CREMATORY: Forest Hill
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 1-18-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Simmons Funeral Home, K. C. Kans.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

WRITE PLAINLY—USING UNFADING INK

etc. It means the disease, injury, or complication which caused death.

the underlying cause last. DUE TO (c) Probably Diabetes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION none recorded

20. AUTOPSY? YES ☑ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 26, 1949, *to* Jan 17, 1950, *that I last saw the deceased alive on* Jan 17, 1950, *and that death occurred at* 9 A m. *from the causes and on the date stated above.*

23a. SIGNATURE Malcom L. Bills M.D. (Degree or title)

23b. ADDRESS 411 Alameda Rd. KC Mo

23c. DATE SIGNED Jan 18, 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-19-1950

24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem.

24d. LOCATION (City, town, or county) (State) K. C. Mo.

DATE REC'D BY LOCAL REG. 1-18-50

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE Simmons Funeral Home

ADDRESS KC Kan

(Licensed Embalmer's Statement on Reverse Side)

S-1101 1950

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 H. W. Simmons

Licensed Embalmer No. 3903

P. O. Address K. C. Kans.

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

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