

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5234

BIRTH NO. 169 REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 4262 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Knox			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Knox		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty Twp		c. LENGTH OF STAY (in this place) 71 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty Township		6520
d. FULL NAME OF HOSPITAL OR INSTITUTION Liberty Twp			d. STREET ADDRESS (If rural, give location) Liberty Twp.		
3. NAME OF DECEASED (Type or Print) Pirl		a. (First)	b. (Middle)	c. (Last) Jarvis	4. DATE OF DEATH (Month) (Day) (Year) Jan 31 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 22 1878	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Days 10 Hours 9 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Jarvis		13b. MOTHER'S MAIDEN NAME Emeline Burk		14. NAME OF HUSBAND OR WIFE None	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Thomas Jarvis Knox City Mo.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis and grossly enlarged heart DUE TO (c) Vitaminosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Vitaminosis				INTERVAL BETWEEN ONSET AND DEATH Several days 2 2 1
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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?			
22. I hereby certify that I attended the deceased from <u>Jan 29, 1950</u> , to <u>Jan 31, 1950</u> , that I last saw the deceased alive on <u>Jan 29, 1950</u> , and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Waldo B. Brown M.D.		23b. ADDRESS Knox City Mo		23c. DATE SIGNED 2/2/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 2 1950	24c. NAME OF CEMETERY OR CREMATORY Knox City Cemetary	24d. LOCATION (City, town, or county) (State) Knox City Mo.		
DATE REC'D BY LOCAL REG. Feb-17-1950	REGISTRAR'S SIGNATURE Walter A. Sargent	25. FUNERAL DIRECTOR'S SIGNATURE Sergeant Walter	ADDRESS Knox City Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED FEB 20 1950
District Health Officer No. _____
District File Number FEB 2-0-1950-_____
Date Filed 2-20-50

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed Fred W. Solter

Signed _____
Student Embalmer

Licensed Embalmer No. 684

P. O. Address Woot-Bej M

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.