

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1177

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 304	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 32 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		2368	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2839 MONROE AVENUE				d. STREET ADDRESS (If rural, give location) 2839 MONROE AVENUE			
3. NAME OF DECEASED (Type or Print) a. (First) WALTER		b. (Middle) HENRY		c. (Last) JARVIS		4. DATE OF DEATH (Month) (Day) (Year) JAN-21-1951	
5. SEX U MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH 1-5-1909	
9. AGE (In years last birthday) 42		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY INSURANCE		11. BIRTHPLACE (State or foreign country) OKLAHOMA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME OSCAR ELWIN JARVIS		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE DOROTHY LUCINDA JARVIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. DOROTHY LUCINDA JARVIS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Previous Coronary Thrombosis				2 yrs.	
		DUE TO (c) Acute alcoholism				4201	
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				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) Kansas City Jackson Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? P.m.			
22. I hereby certify that I attended the deceased from 1/20 (9 P.M.) 1951, to 1/20 (9:30) 1951, that I last saw the deceased alive on 1/20 (3:30) 1951, and that death occurred at 4 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Paul Moss (Degree or title) M.D.				23b. ADDRESS 1112 Bryant Bldg.		23c. DATE SIGNED 1/21/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE JAN 25 1951		24c. NAME OF CEMETERY OR CREMATORY ELMWOOD CREMATORY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 1-22-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE O.H. Newcomer's Sons		ADDRESS 1331 BUSH CREEK KANSAS CITY MO.	

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John W. Philic

Signed.....

Student Embalmer

Licensed Embalmer No. *2625*

P. O. Address *A. C. Spri.*

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.