

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 29 1951

15565

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>30</u>		PRIMARY REG. DIST. NO. <u>4038</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>		<u>0541</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Side Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JENNIE</u> b. (Middle) <u>ASORA</u> c. (Last) <u>MARSHALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24 1951</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>		8. DATE OF BIRTH <u>July 11 1874</u>	
9. AGE (In years last birthday) <u>76</u>		if UNDER 1 YEAR Months <u>10</u> Days <u>13</u>		if UNDER 2 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Richmond, Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James L. Jarvis</u>			13b. MOTHER'S MAIDEN NAME <u>Olivia Spaulding</u>			14. NAME OF HUSBAND OR WIFE <u>J. F. Jarvis Marshall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. F. Jarvis Marshall Higginsville</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Arteriosclerosis, marked</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Anemia, Secondary, Severe.</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>  <u>Unknown</u>  <u>Unknown</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>					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) _____		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 checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>August, 1950</u> , to <u>24 May, 1951</u> , that I last saw the deceased alive on <u>16 May, 1951</u> , and that death occurred at <u>9:00 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>David H. Glenn M.D.</u>				23b. ADDRESS <u>Warsaw Mo</u>		23c. DATE SIGNED <u>25 May 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 26, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Richmond</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 25, 1951</u>		REGISTRAR'S SIGNATURE <u>Geo. A. Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reser</u>		ADDRESS <u>Warsaw</u>	

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

0080

RECEIVED 5-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 5-28-51 .....

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 John F. Rees .....

Licensed Embalmer No. ~~4090~~ 4090

P. O. Address Warsaw .....

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.