

FILED MAY 19 1951 THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19257

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 365 PRIMARY REG. DIST. NO. 0240 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY OR TOWN <u>Rural Harmon</u>		c. CITY OR TOWN <u>Rural Harmon</u>	
c. LENGTH OF STAY (If this place) <u>all of life</u>		d. STREET ADDRESS <u>Courtais</u> <u>1100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Courtais mo.</u>		e. (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Monroe</u> c. (Last) <u>Jarvis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 13 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug 30 1865</u>
9. AGE (In years last birthday) <u>85</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Washington Co. mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Forester Jarvis</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Goumt</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Norman Jarvis Ledwood mo.</u> ADDRESS _____	
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>Valvular heart lesion</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>arterio-sclerosis</u> 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 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>Mar 2, 1951</u> , to <u>May 13, 1951</u> , that I last saw the deceased alive on <u>Mar 2, 1951</u> , and that death occurred at <u>1-20 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph L. Thurman, M.D.</u> (Degree or title)		23b. ADDRESS <u>Potosi, Mo.</u>	23c. DATE SIGNED <u>5-16-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5-15-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Emmeaus Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Co. mo.</u>
DATE REC'D BY LOCAL REG. <u>5-17-51</u>	REGISTRAR'S SIGNATURE <u>Ella D. White</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Sparks</u> ADDRESS <u>Potosi mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED.

MAY 16 1951

WASH. COUNTY HEALTH DEPT.

File No. 551-200

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.....

*Murphy L. Sparks*

Signed.....

Student Embalmer

Licensed Embalmer No. *H 236*

P. O. Address *Fleet River 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.