

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23987

State File No. ....

FILED AUG 8 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5935 Registrar's No. 242

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>Route # 4</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route # 4</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELLA</b>	b. (Middle) <b>ALICE</b>	c. (Last) <b>DeJARNETT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 29, 1951</b>
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 2, 1856</b>
9. AGE (In years last birthday) <b>94</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>
12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME <b>Robert Harrison</b>	13b. MOTHER'S MAIDEN NAME <b>Malisse Olden Van Natta</b>	14. NAME OF HUSBAND OR WIFE <b>Joseph De Jarnett</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Harrison De Jarnett, Sedalia, Mo</b>

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) <b>Coronary Occlusion</b>		INTEGRAL BETWEEN ONSET AND DEATH <b>New home</b>
	* ANTECEDENT CAUSES A. DUE TO (b) <b>Arterio Sclerosis</b> <b>10 yrs</b>		
	B. DUE TO (c) <b>Chc. Inf. Nephritis</b> <b>2 yrs</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Left side Paralysis</b>		<b>2 yrs</b>	

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	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 2.8, 1948, to 7.29, 1951, that I last saw the deceased alive on 7-1, 1947, and that death occurred at 6:00A., from the causes and on the date stated above.

23a. SIGNATURE <b>Frank B. Long</b> (Degree or title) <b>MD. Sedalia, Mo</b>	23b. ADDRESS <b>Sedalia, Mo</b>	23c. DATE SIGNED <b>7.30.51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 31, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Botts Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>8-2-1951</b>	REGISTRAR'S SIGNATURE <b>A. J. [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D. W. [Signature]</b>	ADDRESS <b>Sedalia, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
GILLESPIE FUNERAL HOME

**RECEIVED** 8-7-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 8-7-51 \_\_\_\_\_

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**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. 3410

P. O. Address Sedalia, 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.