

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34096

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5580 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Twin Groves Twshp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Twin Groves Twshp.</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2 Miles South Carl Jct., Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>2 Miles South Carl Jct., Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>2 Miles South Carl Jct., Mo.</u>	

3. NAME OF DECEASED (Type or Print) <u>William Franklin Jarrett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 15 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>2-23-1871</u>		9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>7</u> YEARS <u>22</u> IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Malrose, Ks.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>William D. Jarrett</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Etta Cooper</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie Jarrett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Benson Jarrett, Tulsa, Okla</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u>		DUPLICATE			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
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) <u>Carl Junction Jasper, Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 Oct 10, 1951, to Oct 15, 1951, that I last saw the deceased alive on Oct 10, 1951, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. L. Alberty M.D.</u> (Degree or title)		23b. ADDRESS <u>Carl Junction Mo</u>		23c. DATE SIGNED <u>Oct 17 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-18-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cartersville Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Cartersville, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Don Conroy</u> ADDRESS <u>Carl Jct., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct 18-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		137	

RECEIVED 10-23-51  
Jasper County Health Office

County File Number 51/10-794

Date Filed 10-23-51

IGST & AON

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 Clayton M. Johnston

Signed.....  
Student Embalmer

Licensed Embalmer No. 4304

P. O. Address Web City, 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.