

FILED MAR 27 1952

STANDARD CERTIFICATE OF DEATH

State File No. 9103

0644
0

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

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>78</u>	
1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>			
b. CITY OR TOWN <u>HANNIBAL</u>		c. LENGTH OF STAY (in this place) <u>2 Days</u>		c. CITY OR TOWN <u>MONROE CITY</u> <u>0690</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STELIZBATH Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>601 So Davis</u> <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GERTRUDE</u>		b. (Middle) <u>LEEBELL</u>		c. (Last) <u>JARBOE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 19th 1952</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 23rd 1875</u>	
9. AGE (In years last birthday) <u>76</u>		10. UNDER 1 YEAR Months <u>10</u> Days <u>25</u>		11. BIRTHPLACE (State or foreign country) <u>ST PAUL KANSAS</u> <u>Neosho County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home</u>		11. BIRTHPLACE (State or foreign country) <u>ST PAUL KANSAS</u> <u>Neosho County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN J. BELL</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE SANDERS</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES A. JARBOE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bernadette Kelly</u> ADDRESS <u>Monroe City Mo</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
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>331X</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 <u>3-18-52</u> 19 <u>52</u> , to <u>3-19</u> 19 <u>52</u> , that I last saw the deceased alive on <u>3-19-52</u> 19 <u>52</u> , and that death occurred at <u>5:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>M. D. 100 N. Sixth, Hannibal, Mo.</u>		23c. DATE SIGNED <u>3-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-22-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST MARYS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SHELBYNA MONROE</u>	
DATE REC'D BY LOCAL REG. <u>3-21-53</u>		REGISTRAR'S SIGNATURE <u>Dr. Em Lucke By W.C. Fisher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & SON</u> ADDRESS <u>MONROE CITY, MO.</u>			

MAR 24 1952

RECEIVED

VARIGN CO. HEALTH DEPT
DATE FILED MAR 24 1952

MAR 9 1952

1952

18

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 Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Memphis 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.