

FILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17170

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3040 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Tena Mo. 0170	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Chillicothe Hosp.		d. STREET ADDRESS (If rural, give location) /	
3. NAME OF DECEASED (Type or Print) a. (First) Lucy b. (Middle) M. c. (Last) Jarvis			4. DATE OF DEATH (Month) (Day) (Year) MAY 12 1952
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb 2 1872
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 3 Days 10 IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME MARTIN Welker	
13b. MOTHER'S MAIDEN NAME WINA Ellen Cox		14. NAME OF HUSBAND OR WIFE MARTIN Jarvis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME A. V. Jarvus Bogard		ADDRESS MO	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Structure left femur 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. Chr. Myocarditis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E9030 20	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 017 Carroll Co. MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 5, 1952 9 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Fall on ground			
22. I hereby certify that I attended the deceased from May 6, 1952 to May 12, 1952 that I last saw the deceased alive on May 12, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE M. D. Dowell, M.D.		23b. ADDRESS Chillicothe, Mo	
23c. DATE SIGNED 5-13-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-14-52	
24c. NAME OF CEMETERY OR CREMATORY Low Gap Cemetery		24d. LOCATION (City, town, or county) (State) Carroll Co. Mo.	
DATE REC'D BY LOCAL REG. 5-13-52		REGISTRAR'S SIGNATURE Frances B Neill	
25. FUNERAL DIRECTOR'S SIGNATURE Call Deakerson Bogard		ADDRESS MO	

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

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 E. A. Dickerson

Licensed Embalmer No. 2534

P. O. Address Bogard 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.