

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27091

State File No.

FILED SEP 15 1952

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY Barton 0061		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton 0061	
b. CITY OR TOWN Lamar	c. LENGTH OF STAY (In this place) 6 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home		d. STREET ADDRESS (If rural, give location) 405 Poplar	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) JENNINGS	c. (Last) JARVIS	4. DATE OF DEATH (Month) (Day) (Year) Sept 7 1952
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr 21 1860	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 4 Days 16	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Morning Sun, Iowa /	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Myers Jarvis	13b. MOTHER'S MAIDEN NAME Jane Blair	14. NAME OF HUSBAND OR WIFE Frances Parr
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) XXX	16. SOCIAL SECURITY NO. XXX	17. INFORMANT'S SIGNATURE OR NAME Mrs Earl Millard, Lamar, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u>		
	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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov. 1946, to Sept 7, 1952, that I last saw the deceased alive on Sept 7, 1952, and that death occurred at 1:10 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Scott T. Bickel, M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Lamar, Missouri</u>	23c. DATE SIGNED <u>9/9/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Sept 10 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Golden City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>SEP 9 - 1952</u>	REGISTRAR'S SIGNATURE <u>Marie Konantz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Konantz Funeral Home</u>	ADDRESS <u>Lamar, Missouri</u>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Frank W. Denton

Signed.....
Student Embalmer

Licensed Embalmer No. 4581

P. O. Address. Lamar, Missouri

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.