

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **2396**

FILED FEB 10 1953

REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 58779 Registrar's No. 2

0750
 1

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

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chamois, Mo. Rural		c. LENGTH OF STAY (in this place) 4 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chamois, Mo. RD 0750	
		d. STREET ADDRESS (If rural, give location) Benton Township	
3. NAME OF DECEASED (Type or Print) a. (First) Nora b. (Middle) Belle c. (Last) Jarvis		4. DATE OF DEATH (Month) (Day) (Year) Jan 30th, 1953	
5. SEX FEMALE		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Jan 16th, 1876	
9. AGE (in years last birthday) 77		IF UNDER 1 YEAR: Months 0 Days 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE* (City and State or Foreign Country) Osage County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Newton Pearson		13b. MOTHER'S MAIDEN NAME Lydia Burtcher	
14. NAME OF HUSBAND OR WIFE William E. Jarvis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. -	
17. INFORMANT'S SIGNATURE OR NAME Louis Jarvis		ADDRESS Linn, Mo. R D	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitis INTERVAL BETWEEN ONSET AND DEATH 1-10 yrs. ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Cardiac Hypertrophy Conditions contributing to the death but not related to the disease or condition causing death. 1-5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X	
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)			
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>9-20-</u> , 19 <u>50</u> , to <u>1-12-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-12-</u> , 19 <u>53</u> , and that death occurred at <u>9:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE F. B. Farnsworth (Dress or title)		23b. ADDRESS Chamois Mo.	
23c. DATE SIGNED 1-31-53			
24a. BURIAL, CREMATION, CREMATION REMOVAL (Specify) Burial		24b. DATE 2/2/1953	
24c. NAME OF CEMETERY OR CREMATORY Lane Cemetary		24d. LOCATION (City, town, or county) (State) Linn, Mo. R D	
DATE REC'D BY LOCAL REG. 2/2/53		REGISTRAR'S SIGNATURE Anna Moran	
25. FUNERAL DIRECTOR'S SIGNATURE Joseph McArthur		ADDRESS Linn, Mo	

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn 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.