

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**19500**  
State File No. ....  
**4623**  
Registrar's No. ....

**FILED JUN 1 - 1953**

**318**

**1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>Hayti</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>				e. STREET ADDRESS (If rural, give location) <b>Rural Route 1, Box 50</b> <sup>0780</sup>			
3. NAME OF DECEASED a. (First) <b>Jaro</b> (Type or Print)		b. (Middle) _____		c. (Last) <b>House, Jr.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 4, 1953</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 20, 1899</b>	
9. AGE (In years last birthday) <b>53</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>West Point, Miss.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>West Point, Miss.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>		13a. FATHER'S NAME <b>Jaro House, Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Hunt</b>	
13a. FATHER'S NAME <b>Jaro House, Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Hunt</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Mae House</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Nellie Gibbs West Point, Miss.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mremia</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Enlarged Prostate - Benign</b>					
		DUE TO (c) <b>Chronic Pyelonephritis</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <b>4/13/53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Suprapubic Cystotomy</b>				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? <b>6000</b>			
22. I hereby certify that I attended the deceased from <b>4/7</b> , 1953, to <b>5/4</b> , 1953, that I last saw the deceased alive on <b>5/4</b> , 1953, and that death occurred at <b>7:00</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Danell W. Brown M.D.</b>				23b. ADDRESS <b>117 N. Jefferson Ave</b>		23c. DATE SIGNED <b>5/5/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/8/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAY 6 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. J. Nash</b> ADDRESS <b>384 7th Page</b>			

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

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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.....  
Signature of Student Embalmer

Signed *C. G. Nash*.....

Licensed Embalmer No. *21*

P. O. Address *38476*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.