No. 300
10-48

FILED JUL 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25743

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4357 Registrar's No. 22

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1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marston 0720
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): ROBERT
c. (Last): JARNAGIN

4. DATE OF DEATH (Month) (Day) (Year): JULY 5 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 27 1883
9. AGE (In years last birthday): 69 — If under 1 year: Months 6 Days 8 — If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Carpentry
11. BIRTHPLACE (City and State or Foreign Country): Johnson County Ark
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Robt D Jarnagin
13b. MOTHER'S MAIDEN NAME: Rebecca Morgan
14. NAME OF HUSBAND OR WIFE: Mary Compton Jarnagin
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.: Ark
17. INFORMANT'S SIGNATURE OR NAME: Mrs Minnie Lou Jarnagin
ADDRESS: Rt 1 Russellville

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver — INTERVAL BETWEEN ONSET AND DEATH: 6 Month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cirrhosis of Liver — 2 years
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: 1561
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-2, 1952, *to* 7-5, 1953, *that I last saw the deceased alive on* 7-5, 1953, *and that death occurred at* 11:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: James O. Cameron (Degree or title): D.O.
23b. ADDRESS: Marston Mo
23c. DATE SIGNED: 7-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 8 1953
24c. NAME OF CEMETERY OR CREMATORY: Mounds Cemetery
24d. LOCATION (City, town, or county) (State): Gilbourn Mo

DATE REC'D BY LOCAL REG.: 7-13-53
REGISTRAR'S SIGNATURE: H. T. Ponder Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Leslie Funeral Home
ADDRESS: Portageville Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph A. DeLisle

Licensed Embalmer No. 4481

P. O. Address Hagerville 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.