

FILED APR 5 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9826

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>San Francisco</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Flat River</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Flat River</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>301 Roosevelt</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Reuel</u> b. (Middle) c. (Last) <u>Jarris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 27, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White Case</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 18 1875</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Salem Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Mr. Ira Malcolm</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mr. John J. Jarris</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Ruppel - 418 N. Dunnington Ave</u>	ADDRESS <u>Jeffers, Indiana</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5d</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity 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. <u>Chronic interstitial nephritis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>	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., at 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 3-22, 1954, to 3-27, 1954, that I last saw the deceased alive on 3-26, 1954, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. O. Eubank, M.D.</u> (Degree or title)	23b. ADDRESS <u>Shelby Mo.</u>	23c. DATE SIGNED <u>3-29-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 29 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Des Arc Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Des Arc, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 29 1954</u>	REGISTRAR'S SIGNATURE <u>Ethel Redloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>	ADDRESS <u>3030 Crawford St. Flat River, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

942  
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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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Alvin W. Hood*

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Glad River

**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.