No. 300
10-48

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28271

BIRTH NO. ____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 239

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

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
c. LENGTH OF STAY (in this place): 40 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LEVERING HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MONROE CITY
d. STREET ADDRESS (If rural, give location): 209- 1st Street

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3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): W.
c. (Last): JARMAN

4. DATE OF DEATH (Month) (Day) (Year): AUG 1st 1954

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: APRIL 14, 1868
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 3, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER (RET)
10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM
11. BIRTHPLACE (State or foreign country): MARYLAND 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: McKENEL JARMAN
13b. MOTHER'S MAIDEN NAME: MARY TIMMONS
14. NAME OF HUSBAND OR WIFE: ANNIE B. JARMAN

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Milton Sullivan Monroe City Mo R.I.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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 332X
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* May, 1954, *to* Aug 1, 1954, *that I last saw the deceased alive on* Aug 1, 1954, *and that death occurred at* 10.5 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. J. Kelly MD
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 8-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG 4, 1954
24c. NAME OF CEMETERY OR CREMATORY: St JUDES
24d. LOCATION (City, town, or county) (State): MONROE CITY, MO

DATE REC'D BY LOCAL REG.: 8-6-54
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. C. Fisher 189-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Wilson & Son by John S. Ward Monroe City Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 16 1954
MARION CO. HEALTH DEPT.
DATE FILED AUG 16 1954

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 Me, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Leslie L. Wilson
Licensed Embalmer No. 3014
P. O. Address Monroe City, 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.