

FILED DEC 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38490

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 373

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN RURAL, ST. FRANCOIS)		c. CITY OR TOWN CANTWELL	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		• STREET ADDRESS (If rural, give location) 0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION MINERAL AREA OSTEO. HOSP.			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) MARION	
		c. (Last) JARRELL	
		4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug. 22, 1869
		9. AGE (In years last birthday) 85yr.	10. F UNDER 1 YEAR Months 3mo. Days 8
		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED WELDER		10b. KIND OF BUSINESS OR INDUSTRY ST. JOE LEAD CO.	
13a. FATHER'S NAME MARION JARRELL		13b. MOTHER'S MAIDEN NAME BETTY HUGHES	
		14. NAME OF HUSBAND OR WIFE MATTHE JARRELL	
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 B.H. Christophe ADDRESS Cantwell, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES DUE TO (b) Coronary Thrombosis DUE TO (c) Auricular Fibrillation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH 5 min. 3 hrs. 5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
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 April 8, 1949 , to Nov. 29, 1954 , that I last saw the deceased alive on Nov. 29, 1954 , and that death occurred at 2:00 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE W.H. Morris (Degree or title) D.O.		23b. ADDRESS Elvins, Mo.	
		23c. DATE SIGNED 11-30-1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/2/54	
		24c. NAME OF CEMETERY OR CREMATORY Park View, Cemetery	
		24d. LOCATION (City, town, or county) (State) Farmington, Mo.	
DATE REC'D BY LOCAL REG. Nov. 30, 1954		REGISTRAR'S SIGNATURE Eather Rudloff (Licensed Embalmer's Statement on Reverse Side)	
		25. FUNERAL DIRECTOR'S SIGNATURE C. B. Boyer & Son Desloge, MO. ADDRESS	

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.....
Signature of Student Embalmer

Signed *B. T. Boyer*.....

Licensed Embalmer No. *366*.....

P. O. Address *Deerlog, Pa.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.