

FILED MAY 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16388

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <i>St. Francis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Washington</i>	
b. CITY OR TOWN <i>Bonne Terre</i>	c. LENGTH OF STAY (in this place) <i>25 m</i>	c. CITY OR TOWN <i>Rural Britton Twp</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bonne Terre Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>Near Peteri</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Jerre</i> b. (Middle) <i>Franklin</i> c. (Last) <i>Jarvis</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 8 1955</i>		
5. SEX <i>male</i>	COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 5 1886</i>	9. AGE (In years) (last birthday) <i>69</i>	10. AGE (In years) (last birthday) <i>69</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Washington Co. Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Wade Jarvis</i>	13b. MOTHER'S MAIDEN NAME <i>Lucy Turner</i>	14. NAME OF HUSBAND OR WIFE <i>Essie Jarvis</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Russel Jarvis</i>	ADDRESS <i>Mineral Point Mo</i>
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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 <i>5 or 6 days</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Peritonitis due to unknown cause</i>		
	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. <i>arteriosclerotic heart disease</i>			<i>?</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from *5/7/1955*, to *5/8/55*, 19____, that I last saw the deceased alive on *5/8/1955*, and that death occurred at *12:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Russel Jarvis</i>	(Degree or title)	23b. ADDRESS <i>Bonne Terre, Mo.</i>	23c. DATE SIGNED <i>5/12/55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5-11-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Hopewell Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Washington Co. Mo</i>
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DATE REC'D BY LOCAL REG. <i>May 12 1955</i>	REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Mr. Luther Sparks</i>	ADDRESS <i>Peteri Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 24 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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Murphy Sparks*

Licensed Embalmer No. *4336*

P. O. Address *St. Louis, 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.