

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

293

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 73

|   |  |  |                                   |
|---|--|--|-----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |                                   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Joseph</b> |  | c. LENGTH OF STAY (In this place)<br><b>Abt 45 yrs</b>   | c. CITY OR TOWN <b>St. Joseph</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1601 Ferndale Avenue</b>                    |  | e. STREET ADDRESS (If rural, give location)<br><b>1601 Ferndale Avenue</b>   |                                   |

|   |                           |                          |  |
|---|---------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>MARCUS</b> | b. (Middle) <b>LUTHER</b> | c. (Last) <b>JARRETT</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Jan. 16 1956</b> |
|---|---------------------------|--------------------------|--|

|                    |                               |   |   |   |  |   |
|--------------------|-------------------------------|---|---|---|--|---|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Divorced</b> | 8. DATE OF BIRTH<br><b>March 17, 1903</b> | 9. AGE (In years last birthday) <b>52</b> | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> | IF UNDER 2 HRS.<br>Hours <b>0</b> Min. <b>0</b> |
|--------------------|-------------------------------|---|---|---|--|---|

|   |   |   |  |
|---|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Coremaker</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Loco. Finished Matl</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Pattonsburg Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U S A</b> |
|---|---|---|--|

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME<br><b>John L. Jarrett</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Laura Belle Armstrong</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Ruby D. (Divorced)</b> |
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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)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>491-10-0769</b> | 17. INFORMANT'S SIGNATURE AND ADDRESS<br><b>Mrs. Ruby Tripp Sacramento, Calif.</b> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>  |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>signed as an unattended</b><br>DUE TO (c) <b>death in the city of St. Joseph</b> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>4201</b> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|---|---|

|  |  |   |
|--|--|---|
| 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) | 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 <sup>VIEWED</sup> attended the deceased from 1-16, 1956, to \_\_\_\_\_, 19\_\_\_\_, that I <sup>have never seen</sup> ~~lost~~ saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:30A m., from the causes and on the date stated above.

|  |  |                                    |
|--|--|------------------------------------|
| 22a. SIGNATURE<br><b>Richard L. Morgan M.D. Assistant Health Officer</b> | 22b. ADDRESS<br><b>1302 Duran St. City</b> | 23c. DATE SIGNED<br><b>1-16-56</b> |
|--|--|------------------------------------|

|  |                             |  |   |
|--|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>1-19-56</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Auburn Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Joseph Missouri</b> |
|--|-----------------------------|--|---|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL HEALTH OFFICER<br><b>Jan 26, 1956</b> | REGISTRAR'S SIGNATURE<br><b>Richard M. Allison</b> | 24e. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS<br><b>Stammy Funeral Home St. Joseph, Mo.</b> |
|---|--|---|

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 *Charles E. Bennett*

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph*

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.