

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2186**

FILED FEB 14 1956

BIRTH NO. _____ REG. DIST. NO. **2615** PRIMARY REG. DIST. NO. **11394** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) Bakersfield		c. LENGTH OF STAY (In this place)	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Mr. Isaac b. (Middle) Jarel c. (Last) Jarel		4. DATE OF DEATH (Month) (Day) (Year) 1-27-56	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1-30-1884
9. AGE (In years last birthday) 71		10. MONTHS 11	11. DAYS 27
10a. USUAL OCCUPATION (Give kind of work spent the most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ozark Co., Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Leo Jarel	
13b. MOTHER'S MAIDEN NAME Elisa Johnson		14. NAME OF HUSBAND OR WIFE Mrs Jarel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. Yes	
17. INFORMANT'S SIGNATURE OR NAME Mrs. J. Jarel		ADDRESS Bakersfield 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema (b) Senile Heart Disease (c) Arteriosclerosis, generalized INTERVAL BETWEEN ONSET AND DEATH 10 hours II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Spastic Colitis 3 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4221	
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) (Minute)		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 Jan 16, 1953 to Jan 26, 1956 , that I last saw the deceased alive on Jan 26, 1956 , and that death occurred at 5:45 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Jack Wilmoth		23b. ADDRESS West Plains Mo	
23c. DATE SIGNED 2-1-56			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1-28-56	
24c. NAME OF CEMETERY OR CREMATORY Baptist Nat		24d. LOCATION (City, town, or county) (State) Bakersfield Mo	
DATE REC'D BY LOCAL REG. 2-14-56		REGISTRAR'S SIGNATURE Byde A. Bridges	
25. FUNERAL DIRECTOR'S SIGNATURE Robert M. Matthews		ADDRESS 56	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

770

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 *H. A. Roberts*

Licensed Embalmer No. *342*

P. O. Address *Beaumont*

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.