

FILED MAY 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17320**

BIRTH NO. _____

REG. DIST. NO. **277**PRIMARY REG. DIST. NO. **4411**Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE mo b. COUNTY Pike 0820			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Bowling Green		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 HOMER				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) LOU b. (Middle) ANNIE c. (Last) JARRISON			4. DATE OF DEATH (Month) May (Day) 2 (Year) 1956				
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Feb 8th 1869	9. AGE (In years last birthday) 87	10. If over 1 year Months 9 Days 24	11. If under 1 year Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City, State or Foreign Country) Pike Co. Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Samuel Jarrison			13b. MOTHER'S MAIDEN NAME Elizabeth Henton		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. not known		17. INFORMANT'S SIGNATURE OR NAME Mrs L. S. Carroll Louisiana Mo			ADDRESS
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) Coronary insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterial hypertension DUE TO (c) generalized arterio-sclerosis			INTERVAL BETWEEN ONSET AND DEATH a few months 1 year 1 year
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none			20. AUTOPSY? 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) 4201			
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 May 1st 1956 , to May 2nd 1956 , that I last saw the deceased alive on April 3rd 1956 , and that death occurred at 8 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James B. Brown, M.D.			23b. ADDRESS Bowling Green, Missouri		23c. DATE SIGNED 5/3/56		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 4 1956	24c. NAME OF CEMETERY OR CREMATORIUM Bowling Green		24d. LOCATION (City, town, or county) (State) Bowling Green Mo		
DATE REC'D BY LOCAL REG. 5-7-56		REGISTRAR'S SIGNATURE Bill Robinson		25. FUNERAL DIRECTOR'S SIGNATURE Grace Benfield ADDRESS Bowling Green Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Harold C. Kux*

Licensed Embalmer No. *45*

P. O. Address *Bonning*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.