

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34433

FILED NOV 15 1956

State File No.

BIRTH NO. REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Rural #17</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Orrick</u>	
c. LENGTH OF STAY (In this place) <u>4 1/2 months</u>		d. STREET ADDRESS (If rural, give location) <u>Street not listed</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Curtis Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) <u>ELLA</u>	a. (First)	b. (Middle) <u>MAY</u>	c. (Last) <u>JARWATER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 9, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>February 4, 1889</u>	9. AGE (In years last birthday) <u>67</u>	10 UNDER 1 YEAR Months <u>9</u> Days <u>5</u>	11 UNDER 4 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House keeping</u>	11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank Cruse</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Blain</u>	14. NAME OF HUSBAND OR WIFE <u>Earnest Jarwater</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Jarwater</u>	ADDRESS <u>Cowgill, Missouri</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of right</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Kidney with metastases</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>2 yr.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>180X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 June 30, 1956, to Nov. 9, 1956, that I last saw the deceased alive on Nov. 9, 1956, and that death occurred at 12:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clint Miller M.D.</u>	23b. ADDRESS <u>Lees Summit Mo</u>	23c. DATE SIGNED <u>11-9-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>November 9, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Griffin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Orrick, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11/11/56</u>	REGISTRAR'S SIGNATURE <u>Edmund Bodary</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>21257-LIFE FUNERAL HOME</u>	ADDRESS <u>RICHMOND, MISSOURI per theophile</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9551 6 I ADPT

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

George D. Lile

Signed.....

Student Embalmer

Licensed Embalmer No. *4066*

P. O. Address *Richmond Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.