

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43247**
11438
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 43247		Registrar's No. 11438	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. LENGTH OF STAY (in this place) 8 days		c. CITY OR TOWN ST. LOUIS		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 Marion Hospital				e. STREET ADDRESS (If rural, give location) 2227 1239 Grattan					
3. NAME OF DECEASED (Type or Print)		a. (First) DORA		b. (Middle)		c. (Last) JARRETT		4. DATE OF DEATH (Month) (Day) (Year) 12-10-1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-19-1879		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Adam Vancil			13b. MOTHER'S MAIDEN NAME Cornelia Unk.			14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred McGowan, Atlanta Georgia					
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 Vascular Heart Disease + Coronary ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (Cardio Vascular Heart disease & coronary thrombosis) 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. Bronchial Asthma							INTERVAL BETWEEN ONSET AND DEATH 1-3 3	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 420-1							20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 Nov 1956 to Dec 10 1956 , that I last saw the deceased alive on Dec 10 1956 , and that death occurred at 1:35 p.m. , from the causes and on the date stated Dec 12-12-56									
23a. SIGNATURE H.C. Moore, M.D.			(Degree or title)			23b. ADDRESS H. G. Moore MD 917 S. 18th St 17-5018		23c. DATE SIGNED 12-12-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-13-1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery			24d. LOCATION (City, town, or county) (State) Belleville, Illinois			
DATE REC'D BY LOCAL REG. DEC 13 1956		REGISTRAR'S SIGNATURE J. G. Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <input checked="" type="checkbox"/> McLAUGHLIN'S, 2301 Lafayette Ave.				

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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..... *James R. Chapman*

Licensed Embalmer No..... *45*

P. O. Address..... *St. Louis*

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.