

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 5 1957

State File No. **23960**

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 258	
1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MORGAN			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN JEFFERSON CITY		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN BARNETT		d. STREET ADDRESS (If rural, give location) 0110	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL							
3. NAME OF DECEASED a. (First) EARL (Type or Print)			b. (Middle) CLARENCE		c. (Last) JARRETT		4. DATE OF DEATH (Month) (Day) (Year) AUG 1 1957
5. SEX ♂ MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 2. 1910		9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months 11 Days 29	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILK ROUTE		10b. KIND OF BUSINESS OR INDUSTRY KRAFT CHEESE CO.		11. BIRTHPLACE (State or foreign country) MARIES CO., MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME FRED JARRETT		13b. MOTHER'S MAIDEN NAME, HATTIE DERIKSON		14. NAME OF HUSBAND OR WIFE CHRISTINA FISCHER JARRETT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. 333-03-4209		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. E.C. Jarrett Barnett, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 2 weeks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis 3 yrs DUE TO (c) Hypertensive Heart Disease 10 yrs 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 checked="" 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) 4201			
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?			
22. I hereby certify that I attended the deceased from _____, 1952, to Aug 1, 1957 , that I last saw the deceased alive on July 31, 1957 , and that death occurred at 4:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Earl L. Loyd, M.D.				23b. ADDRESS Jeff. City, Mo.		23c. DATE SIGNED 8/1/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG 3, 1957		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion		24d. LOCATION (City, town, or county) (State) Tusculumbia Mo.	
DATE REC'D BY LOCAL REG. 2 August 1957		REGISTRAR'S SIGNATURE C. P. Harris, MD		25. FUNERAL DIRECTOR'S SIGNATURE Louis D. Phillips		ADDRESS Edwan	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

AUG 12 1957

MAR 12 1958

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
Student Embalmer

Signed *Louis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Eden*

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