

FILED OCT 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36637

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 405

1. PLACE OF DEATH a. COUNTY <b>Marion</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Hannibal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence 3021 Market</b>			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>3021 Market</b>	
3. NAME OF DECEASED (Type or print) <b>DELLA</b>			First <b>DELLA</b> Middle <b>JARRELL</b> Last <b>JARRELL</b>		4. DATE OF DEATH <b>October 21, 1957</b> Month <b>Monta</b> Day <b>21</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 8, 1870</b>	9. AGE (In years last birthday) <b>87</b> IF UNDER 1 YEAR: Months <b>4</b> Days <b>13</b> Hours <b></b> Min. <b></b> IF UNDER 24 HRS. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>State of Louisiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
13. FATHER'S NAME <b>Keller</b>			14. MOTHER'S MAIDEN NAME <b>Not known</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Bertie Dickinson Hannibal Missouri</b> Address <b>Hannibal Missouri</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>inanition, progressive</b> DUE TO (b) <b>general debility</b> DUE TO (c) <b>arteriosclerotic heart disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b> <b>2 years</b> <b>5 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY <b></b> STATE <b></b>
21. I attended the deceased from <b>6-30-55</b> to <b></b> and last saw <sup>her</sup> him alive on <b>10-16-57</b> Death occurred at <b>6:20 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>F. E. Sultzman M. D.</b> (Degree or title)			22b. ADDRESS <b>HANNIBAL MO</b>		22c. DATE SIGNED <b>10/21/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10/22/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakdale</b>		23d. LOCATION (City, town, or county) (State) <b>Oakdale Louisiana</b>	
24. FUNERAL DIRECTOR <b>John Stand</b> ADDRESS <b>Hannibal Missouri</b>			25. DATE RECD. BY LOCAL REG. <b>10-21-57</b>	26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Locke</b>	

RECEIVED OCT 24 1957  
MARION CO. HEALTH DEPT  
DATE FILED OCT 24 1957

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 *John S. H. [Signature]* .....  
Licensed Embalmer No. .... 4540

P. O. Address ..... Hannibal, Mo.

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.