

Health,  
Welfare  
Public  
Service

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All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 5 1958

STATE FILE NUMBER **2293**

Registration District No. **275** Primary Registration District No. **30.53** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY <b>Phillips</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phillips</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Rolla</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Rosati</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Phillips Co. Hosp.</b>		Length of stay in lb <b>WK</b>		d. STREET ADDRESS <b>NONE</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Calvin</b> Middle <b>Franklin</b> Last <b>Jarvis</b>			4. DATE OF DEATH Month <b>Jan</b> Day <b>21</b> Year <b>1958</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 22, 1900</b>		9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>29</b>	IF UNDER 24 MRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, open if retired) <b>Real Estate Broker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate Sales</b>		11. BIRTHPLACE (City and state or country) <b>Dillard, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Henry Jarvis</b>				14. MOTHER'S MAIDEN NAME <b>Minerva Wisdom</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>49B-652705</b>		17. INFORMANT Address <b>Florence Jarvis, Rosati, Mo.</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>Carcinoma of Sigmoid</b> <b>&amp; metastasis to spine, etc</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>1533</b>							INTERVAL BETWEEN ONSET AND DEATH
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 _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
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	STATE
21. I attended the deceased from <b>Jan 11, 58</b> to <b>Jan 21, 58</b> and last saw her/him alive on <b>Jan 21, 1958</b> Death occurred at <b>Jan 21, 11:30 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>[Signature]</b> (Degree or title)				22b. ADDRESS <b>Mrs. St James Mo</b>		22c. DATE SIGNED <b>1-25-58</b>	
23a. BURIAL CREMATION (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)
<b>Burial</b>		<b>1-24-1958</b>	<b>HOLY CROSS CEM.</b>		<b>Cuba,</b>		<b>Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Shanklin F.K., Cuba, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>Jan-27, 1958</b>		26. REGISTRAR'S SIGNATURE <b>Nadine L Stoll</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED  
Pho. Co. County Health Officer,  
County File Number 963  
Date Filed 2-3-58

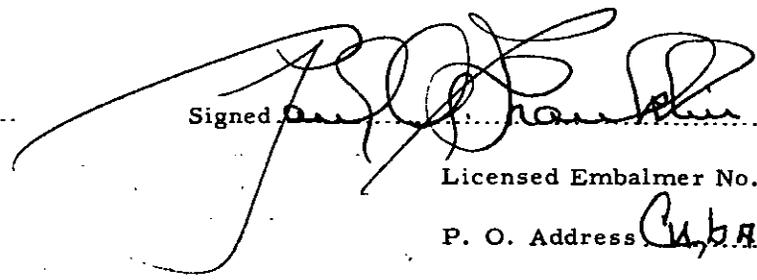
FEB 6 1958

JUN 9 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 .....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 34  
P. O. Address Cuba, N

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.