

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25765-58  
58-015023  
State File No. ....

FILED APR 30 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 11-58

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY OR TOWN <u>Tuscumbia</u>		c. LENGTH OF STAY (in this place) <u>24 hr.</u>	c. CITY OR TOWN <u>Eldon</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphreys Osteopathic Hosp.</u>		STREET ADDRESS (If rural, give location) <u>303 E. Fairview</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JANET</u> b. (Middle) <u>LOUISE</u> c. (Last) <u>JARRETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 21, 1958</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>cauc.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>April 20, 1958</u>		9. AGE (In years last birthday) <u>23</u>		IF UNDER 1 YEAR Days <u>40</u> IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Tuscumbia, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Archie M. Jarrett</u>		13b. MOTHER'S MAIDEN NAME <u>Eleanor L. Wilson</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eleanor L. Jarrett, Eldon, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Paralysis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs</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? <u>0</u> YES <input type="checkbox"/> NO <input 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>7735</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 4-20-58, 1958, to 4-21-58, 1958, that I last saw the deceased alive on 4-21-58, 1958, and that death occurred at 12:30Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. E. Humphreys D.O.</u>		23b. ADDRESS <u>Tuscumbia, Missouri</u>		23c. DATE SIGNED <u>4-23-58</u>	
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24a. BURIAL, CREMATION, TOMB (Specify)		24b. DATE <u>April 21, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>	
				24d. LOCATION (City, town, or county) (State) <u>Eldon, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>April 24, 1958</u>		REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>		25. FUNERAL DIRECTOR'S SIGNATURE- ADDRESS <u>Lewis S. Phillips Eldon</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0660

1950

RECEIVED

APR 25 '58

Miller County  
Health Department

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 *Louis D. Phelan*

Licensed Embalmer No. *366*

P. O. Address *Bedford*

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.