

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 58-029650  
 State File No.

FILED AUG 19 1958

BIRTH NO.

REG. DIST. NO. 200

PRIMARY REG. DIST. NO. 5725

Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Arkansas</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Macon, Hudson Twp</b>		c. LENGTH OF STAY (in this place) <b>2 Mo</b>	c. CITY OR TOWN <b>Little Rock</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Still-Hildreth Sanatorium</b>		STREET ADDRESS (If rural, give location) <b>5812 Stonewall Rd.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jesse</b> b. (Middle) <b>L</b> c. (Last) <b>Jarrett</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 3 1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 30, 1882</b>
9. AGE (in years last birthday) <b>76</b>		IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
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 Foreign Country) <b>Willow Springs, Ark.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>J. W. Jarrett Sr.</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>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. John W. Jarrett, Jr.</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Toxemia</b>  ANTECEDENT CAUSES <b>Intestinal obstruction</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Obstructing carcinoma of the sigmoid colon.</b> DUE TO (c) <b>Extensive intestinal adhesions</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>4 days several weeks unknown many years</b>		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) <b>1533</b>
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?
22. I hereby certify that I attended the deceased from <b>6/25, 1958</b> , to <b>8/3, 1958</b> , that I last saw the deceased alive on <b>8/3, 1958</b> , and that death occurred at <b>8:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Nancy S. Still D.O.A.</b>		23b. ADDRESS <b>Macon, Mo.</b>	23c. DATE SIGNED <b>8/4/58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 7, 58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Roseoawn M. Park</b>	24d. LOCATION (City, town, or county) (State) <b>Little Rock, Ark.</b>
DATE REC'D BY LOCAL REG. <b>8/6/58</b>	REGISTRAR'S SIGNATURE <b>Ruth M. Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lester Sutton</b> ADDRESS <b>Macon Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

County File No. 8-68-113  
D-12-58

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 *Charles L. Hutton*

Licensed Embalmer No. 48

P. O. Address. *Macou*

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.