

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033295

FILED VS SEP 16 1959

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 170 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> , COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla</u>	Length of stay in 1b <u>DOA</u>	c. CITY OR TOWN <u>Overland</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phelps Co. Memorial Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>9659 Marge Ann Lane</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>EDUND</u> Middle <u>SPURGEON</u> Last <u>JARVIS</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>13</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/17/1905</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>53</u>	IF UNDER 24 HR Hours <u>53</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Terminal Railroad</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>James H. Jarvis</u>		13b. MOTHER'S MAIDEN NAME <u>Roanna Spurgeon</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Jarvis</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT <u>Rose Jarvis</u> Address <u>9659 Marge Ann Lane Overland 34, Mo.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: "		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Acute Coronary Thrombosis</u>	<u>Minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) <u>Arteriosclerotic Heart Disease</u>	<u>years</u>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? 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 <u> </u> a.m. / p.m. Month, Day, Year <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____ to _____ and last saw her/him alive on _____
 Death occurred at DOA at Phelps County General Hospital on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Garland W. Biffel MD</u> (Degree or Title)	22b. ADDRESS <u>Bowleon, MO</u>	22c. DATE SIGNED <u>13 Sept 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9/13/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>
		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>

24. FUNERAL DIRECTOR <u>al C. Ostmann</u> ADDRESS <u>Overland, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Sept. 13, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>
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INDEXED DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

SEP 17 1955

SEP 22 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 _____ ME _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4207

P. O. Address Rolla, 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.