

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS DEC 8 1959**

**59-042030**  
 STATE FILE NUMBER

**211030**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

|   |  |  |   |   |  |   |  |  |               |  |              |  |
|---|--|--|---|---|--|---|--|--|---------------|--|--------------|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY<br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN<br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION   |  |  |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br>c. CITY OR TOWN<br>d. STREET ADDRESS                          |  |   |  |  |               |  |              |  |
| a. COUNTY<br>St. Louis  |  |  |   | b. Length of stay in lb<br>6 days   |  | Missouri <sup>b</sup> COUNTY <i>St. Louis</i>                                       |  | c. CITY OR TOWN<br>Bel Nor   |               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>     |              |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br>St. Louis - Little Rock Hospitals, Inc.  |  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br>3016 Deleven Drive                 |  |  |               | Residence on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |              |  |
| <b>3. NAME OF DECEASED</b> (Type or print)<br>First Middle Last<br>Kossuth W. Jarnagin  |  |  |   |   |  | <b>4. DATE OF DEATH</b><br>Month Day Year<br>November 28, 1959                      |  |  |               |  |              |  |
| <b>5. SEX</b><br>Male   |  | <b>6. COLOR OR RACE</b><br>White   |   | <b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | <b>8. DATE OF BIRTH</b><br>12-29-1896   |  | <b>9. AGE (last birthday)</b><br>62  |               | <b>IF UNDER 1 YEAR</b><br>Months Days Hours Min.   |              |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br>Train Dispatcher  |  |  |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br>Railroad  |  | <b>11. BIRTHPLACE</b> (City and state or country)<br>Knob Lick, Mo.                 |  | <b>12. CITIZEN OF WHAT COUNTRY</b><br>USA  |               |  |              |  |
| <b>13a. FATHER'S NAME</b><br>John S. Jarnagin   |  |  |   | <b>13b. MOTHER'S MAIDEN NAME</b><br>Ellen Milner  |  |   |  | <b>14. NAME OF HUSBAND OR WIFE</b><br>Wilma L. Jannagan  |               |  |              |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b><br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No None   |  |  |   | <b>16. SOCIAL SECURITY NO.</b><br>702-12-5211   |  | <b>17. INFORMANT</b><br>Address<br>403 E. Clinton<br>Geo. W. Wandless Kirkwood, Mo. |  |  |               |  |              |  |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>METASTATIC CARCINOMA - LUNG AND LIVER</b><br>DUE TO (b) <b>ADENOCARCINOMA OF PANCREAS</b><br>DUE TO (c) <b>157x</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |  |   |   |  |   |  |  |               | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br>2 MOS<br>8 MOS-                               |              |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |               |  |              |  |
| <b>19. WAS AUTOPSY PERFORMED?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> |   | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)   |  |   |  |  |               |  |              |  |
| <b>20c. TIME OF INJURY</b><br>Hour a.m. p.m.  |  | Month, Day, Year   |   |   |  |   |  |  |               |  |              |  |
| <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>  |  |  | <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) |   |  | <b>20f. CITY, TOWN, OR LOCATION</b>   |  |  | <b>COUNTY</b> |  | <b>STATE</b> |  |
| <b>21. I attended the deceased from</b> Nov. 23, 1959 <b>to</b> Nov. 28, 1959 <b>and last saw</b> <sup>6</sup> him <b>alive on</b> Nov. 28, 1959<br><b>Death occurred at</b> 3:27 P.M. <b>on</b> the date stated above, and to the best of my knowledge, from the causes stated.  |  |  |   |   |  |   |  |  |               |  |              |  |
| <b>22a. SIGNATURE</b><br><i>Newz...</i> (Degree or title)   |  |  |   |   |  | <b>22b. ADDRESS</b><br>37th Washington  |  |  |               | <b>22c. DATE SIGNED</b><br>29 Nov. 59  |              |  |
| <b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br>Removal   |  | <b>23b. DATE</b><br>12-1-59  |   | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br>Oak Hill Cemetery  |  |   |  | <b>23d. LOCATION</b> (City, town, or county)<br>St. Louis Co. Mo.  |               |  |              |  |
| <b>24. FUNERAL DIRECTOR</b><br>Jay B. Smith Funeral Home - 7456 Manchester Ave., S. Louis, Mo.  |  |  |   |   |  | <b>25. DATE RECD. BY LOCAL REG.</b><br>NOV 30 1959                                  |  | <b>26. REGISTRAR'S SIGNATURE</b><br>Road Smith, M.D.   |               |  |              |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. Allen Davis Jr.  
Licensed Embalmer No. 4053

P. O. Address H. J.

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.