

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045625

FILED VS. DEC 29 1960 02

STATE FILE NUMBER

Registration District No. Primary Registration District No. 4174 Registrar's No.

IDED

1. PLACE OF DEATH a. COUNTY <i>Dunklin</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> , b. COUNTY <i>Dunklin</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Cardwell</i>		Length of stay in 1b. <i>13 yrs</i>		c. CITY OR TOWN <i>Cardwell</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Residence</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Marshall Eugene Jarrett Sr.</i>				4. DATE OF DEATH Month Day Year <i>December 11, 1960</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>5/26/1888</i>	9. AGE (last birthday) <i>72</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired farmer</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>		11. BIRTHPLACE (City and state or country) <i>Dyersburg, Tenn.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>James Monroe Jarrett</i>			13b. MOTHER'S MAIDEN NAME <i>Betty Hooper</i>		14. NAME OF HUSBAND OR WIFE <i>Anna Jarrett</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Address <i>Anna Jarrett - Cardwell, Mo.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> DUE TO (b) <i>Previous Occlusion</i> DUE TO (c) <i>Metastatic Ca from prostate</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.			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 <i>March 1960</i> , to <i>11 Dec 1960</i> and last saw <i>her</i> alive on <i>10 Dec 1960</i> . Death occurred at <i>4:30</i> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Jack Swafford</i>				22b. ADDRESS <i>Cardwell, Mo.</i>		22c. DATE SIGNED <i>12-19-60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12-13-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Cardwell Cemetery</i>		23d. LOCATION (City, town, or County) (State) <i>Cardwell, Missouri</i>				
24. FUNERAL DIRECTOR ADDRESS <i>Howard Funeral Service - Beachville, Ark.</i>			25. DATE RECD. BY LOCAL REG. <i>12-30-60</i>		26. REGISTRAR'S SIGNATURE <i>Edna Fullmark</i>			

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 W. W. Howard

Licensed Embalmer No. 3989

P. O. Address Beyers  
ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.