MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-000637
STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 6

FILED VS FEB 8 1961

RITE TUB AMENDED

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs — Length of stay in lb 3½ yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 102 Linden St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Excelsior Springs — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 102 Linden — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Willa Middle Marie Last Jarrell

4. DATE OF DEATH Month January Day 13 Year 1961

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 11-22-1895
9. AGE (last birthday) 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Clerk
10b. KIND OF BUSINESS OR INDUSTRY Department Store
11. BIRTHPLACE (City and state or country) Hamilton, Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Charles Mitchell
13b. MOTHER'S MAIDEN NAME Addie Lieber
14. NAME OF HUSBAND OR WIFE Fred Jarrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Violet Bedford, Winchester, Kentucky — Address Box 366

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary occlusion — 24 hrs
DUE TO (c) Arteriosclerosis
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1-12-61, to 1-13-61 and last saw her/him alive on 1-12-61
Death occurred at 8:00 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George E Sanders M.D.
22b. ADDRESS Excelsior Springs, Mo.
22c. DATE SIGNED 1-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-16-1961
23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Richard Funeral Home, Inc. ADDRESS Excelsior Springs, Missouri
25. DATE RECD. BY LOCAL REG. 1-31-61
26. REGISTRAR'S SIGNATURE Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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_____ Signed Lindell K. Jarman
Signature of Student Embalmer

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.