

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-009812

STATE FILE NUMBER

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 8-61

FILED APR 12 1961

AMENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Miller</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tuscumbia</u>		Length of stay in 1b <u>4 days</u>		c. CITY OR TOWN <u>Iberia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Humphreys Osteo. Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Iberia, Missouri</u>	
3. NAME OF DECEASED (Type or print)		First Middle Last		4. DATE OF DEATH	
<u>George Franklin Jarrett</u>				Month Day Year <u>April 1, 1961</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>8-20-1884</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Iberia, Missouri</u>	
13a. FATHER'S NAME <u>John Jarrett</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Rothmel</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>GENNIE JONES, IBERIA, MISSOURI</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>Crown Thrombosis</u>					<u>2 hr</u>
DUE TO (b) <u>Crown Arteriosclerosis</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
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.) <u>None</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>None</u>	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.) <u>None</u>		20f. CITY, TOWN, OR LOCATION <u>None</u>
21. I attended the deceased from <u>1960</u> , to <u>4-1-61</u> and last saw her/him alive on <u>4-1-61</u>		Death occurred at: <u>7:00</u> a. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>M. E. Humphreys D.O.</u>		22b. ADDRESS <u>Tuscumbia, Mo.</u>		22c. DATE SIGNED <u>4-1-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-3-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Iberia Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Iberia Missouri</u>	
24. FUNERAL DIRECTOR <u>Humphrey Funeral Home Iberia, Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>April 6-1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 12 1961

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 J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Iberia, 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.