

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-045553  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 373 Primary Registration District No. 6095 Registrar's No. 85

FILED NOV 26 1962

VS 300	DATE AMENDED
Rev. 4/59	
10980	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
3980	
3	INSTEAD OF
4 0	
5 2	DOCUMENT
6	
7 0	MEDICAL CERTIFICATION
8 0	
9420.1	BY AFFIDAVIT OF
10	
11	SHOULD READ
12 70-2	
13 1-0	USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>SCHUYLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCHUYLER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fabius</b>		Length of stay in 1b <b>64 yr.</b>	c. CITY OR TOWN <b>DOWNING</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>NONE</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>HOMER</b> Middle <b>J.</b> Last <b>JARVIS</b>		4. DATE OF DEATH Month <b>11</b> Day <b>15</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 7, 1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	9. AGE (last birthday) <b>64</b> IF UNDER 1 YEAR: Months <b>4</b> Days <b>8</b> IF UNDER 24 HR: Hours <b> </b> Min. <b> </b>
11a. BIRTHPLACE (City and state or country) <b>Schuyler County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James W. Jarvis</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Neil</b>	
14. NAME OF HUSBAND OR WIFE <b>Eva Swindler</b>		17. INFORMANT <b>Homer Jarvis Jr. Downing, Missouri</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Mycobacterial infection</b> DUE TO (b) <b>Cerebral thrombosis</b> DUE TO (c) <b>Cerebral Arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH
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 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 <b> </b> a.m. <b> </b> p.m. Month, Day, Year <b> </b>			
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 <b>Singer's Office Examination 11-15-62</b> Death occurred at <b> </b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Norman Brown MD</b>		22b. ADDRESS <b>P.O. Box Parkersburg Mo 11-16-62</b>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-18-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Schuyler County, Mo.</b>
24. FUNERAL DIRECTOR <b>Norman Funeral Home, Lancaster, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-18-1962</b>	26. REGISTRAR'S SIGNATURE <b>Lawrence Shepherd</b>

DEC 11 1962

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 Norm E. Foster

Licensed Embalmer No. 4742

P. O. Address Furber, 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.

Permit Obtained 11-18-62