

FILED MAR 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7469

STATE FILE NUMBER

Registration District No. 2

Primary Registration District No. 5019

Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Rochester Twp. 0070 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Savannah 0020 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION R. R. #4 1 life		d. STREET ADDRESS R. R. #4 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH HARVEY JARVIS			4. DATE OF DEATH Month Day Year March 7, 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 15, 1870	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and state or country) Andrew County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John Jarvis			
14. MOTHER'S MAIDEN NAME Sarah Darrow		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Mrs. J.H. Jarvis, R.R. #4, St. Joseph, Mo.			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) Coronary thrombosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH immediate years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201		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.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT <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 _____, to March 7, 1957 and last saw him alive on March 7, 1957 Death occurred at 3:15a. m on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) J. E. Dwyer, M.D., Coroner 3		22b. ADDRESS 307 W. Main, Savannah, Mo.		22c. DATE SIGNED 3/11/57	
23a. BURIAL CREMATORY Burial		23b. NAME OF CEMETERY OR CREMATORY Helena Cemetery		23d. LOCATION (City, town, or county) (State) Helena Missouri		23e. DATE March 9, 1957	
24. FUNERAL DIRECTOR Helen Brewster		25. DATE RECD. BY LOCAL REG. 3-12-57		26. REGISTRAR'S SIGNATURE Lillian York			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *William Spalding*
Licensed Embalmer No. *453*

P. O. Address *345 10th St*

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