MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0046952 STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 429

FILED NOV 29 1966

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0945
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: ST. FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: FARMINGTON
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: EASTER HOME OF RUTH
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: ST. FRANCOIS
c. CITY OR TOWN: ESTHER - MO
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 7TH. STREET.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First NANCY Middle MELISSA Last JARRELL

4. DATE OF DEATH: Month NOV. Day 21 Year 1966

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: DEC 4 1890

9. AGE (last birthday): 75

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): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE

11. BIRTHPLACE (City and state or country): ESTHER - MO

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: SKELTON KOEN

13b. MOTHER'S MAIDEN NAME: CORINNA MC DANIEL

14. NAME OF HUSBAND OR ~~WIFE~~: JAMES M. JARRELL.

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.: 487-24-3670-D

17. INFORMANT Address: MRS RUBY RADLEY - ST. ANN - MO.

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)	Hypo-static pneumonia	12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral vascular accidents	3 days
DUE TO (c)	Arteriosclerosis & hypertension	unknown

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

MEDICAL CERTIFICATION

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 1965 to 1966 and last saw her/him alive on 11-21-66
Death occurred at 6:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D.O.

22b. ADDRESS: 4 E. Harrison Farmington, Mo.

22c. DATE SIGNED: 11-23-66

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 11-24-66

23c. NAME OF CEMETERY OR ~~CREMATORY~~: PARKVIEW CEMETERY

23d. LOCATION (City, town, or county) (State): NEAR FARMINGTON - MO.

24. FUNERAL DIRECTOR ADDRESS: CALDWELL FUNERAL HOME FLAT RIVER. MO.

25. DATE RECD. BY LOCAL REG.: Nov. 23, 1966

26. REGISTRAR'S SIGNATURE: Esther Radloff

(Licensed Embalmer's Statement on Reverse Side)

DEC 15 1966

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 David P. Caldwell

Licensed Embalmer No. 5184

P. O. Address Flat Rivers, 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.