

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003132

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

316

Primary Registration District No.

Registrar's No.

7

FILED JAN 16 1963

1. PLACE OF DEATH

a. COUNTY St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Farmington, Mo - rural

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Osteopathic Hosp.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 Elvins, MoInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Noah

Middle

Edward

Last

Jarrells

4. DATE
OF
DEATH

Month

Day

Year

Jan 1, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

July 24, 1873 89

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Retired.

11. BIRTHPLACE (City and state or country)

Elvins, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Unknown.

13b. MOTHER'S MAIDEN NAME

Unknown.

14. NAME OF HUSBAND OR WIFE

UNKNOWN.

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.

17. INFORMANT

Address

Mrs Nellie Claywell Elvins, Mo.

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

4 days

DUE TO (b)

Arterio Sclerosis

yes

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)Old age
Dehydration - Malnourishment -PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. 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 Month, Day, Year
a.m. p.m.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 Dec 27 - 1962 to Jan 1, 1963 and last saw him alive on Jan 1, 1963
Death occurred at 2:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J.W. Zuspan D.O.

22b. ADDRESS

Flat River, Mo

22c. DATE SIGNED

1/2/63

23a. BURIAL, CREMATION;
REMOVAL (Specify)

Burial

23b. DATE

1-3-1963

23c. NAME OF CEMETERY OR CREMATORY

Herod Cemetery.

23d. LOCATION (City, town, or county)

Cantwell, Missouri

24. FUNERAL DIRECTOR

Caldwell, S

ADDRESS

Funeral Home Flat River, Mo

25. (DATE REC'D. BY LOCAL REG.)

Jan 2, 1963

26. REGISTRAR'S SIGNATURE

Esther Rudolph

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0940

2 0940

3 2

4 0

5 2

6

7 0

8 2

9 332X

10

11

12 2-2

13 1-0

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

Donald Dale Caldwell

Licensed Embalmer No.

5095

P. O. Address

Flat River, 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.