

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37772

State File No. \_\_\_\_\_

No. 300  
10-48

51  
2  
2

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>Johnson Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>	
c. LENGTH OF STAY (In this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>1219 W. Maple</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas Wesley</u> b. (Middle) <u>Jarrell</u> c. (Last) <u>Jarrell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 13, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Initials) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 3, 1862</u>
9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>10</u>	11. UNDER 24 HRS. Hours <u>11</u> Min. <u>10</u>	11. BIRTHPLACE (State or foreign country) <u>Trobridge, Canada</u>
10a. USUAL OCCUPATION (Give kind of work done during last working day, even if retired) <u>Garbled</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Frank Jarrell</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Lane</u>		14. NAME OF HUSBAND OR WIFE <u>Willa M. Donough</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Willa M. Donough</u>		ADDRESS <u>Warrensburg, Mo</u>	

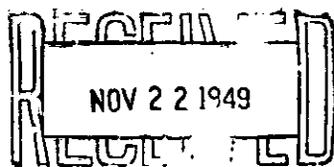
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Cerebral Anoxemia		3-4 days	
ANTECEDENT CAUSES		Cerebral arteriosclerosis		2-3 months	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		7:50	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 11-1, 1949, to 11-13, 1949, that I last saw the deceased alive on 11-12, 1949, and that death occurred at 7:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hinton H. Hilcox M.D. 23b. ADDRESS Warrensburg, Mo. 23c. DATE SIGNED 11-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>		24b. DATE <u>Nov 13/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 14, 1949</u>		REGISTRAR'S SIGNATURE <u>Savannah Hutchins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Toland</u>		ADDRESS <u>Independence Mo</u>	



JOHNSON COUNTY HEALTH DEPT.

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.

Signed *Poland R. Speaks*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3604*

P. O. Address *Indep. 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 this body is not embalmed, fact should be so stated above.