

No. 300  
10. 48

FILED JAN 9 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41428

State File No. ....

BIRTH NO. .... REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>West Plains 0460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hogan Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Road Rt. 1</u>	

3. NAME OF DECEASED (Type or Print) <u>Danuel Elmo Jarber</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-4-51</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>3-15-1878</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Month <u>8</u> Day <u>17</u>	IF UNDER 24 HRS. Hour <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plasterer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Belair Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph Jarber</u>	13b. MOTHER'S MAIDEN NAME <u>Alpha</u>	14. NAME OF HUSBAND OR WIFE <u>Maude Jarber</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>	16. SOCIAL SECURITY NO. <u>500-01-4255</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mo S. E. Jarber, West Plains Mo</u>	ADDRESS <u></u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEART BLOCK</u>  ANTECEDENT CAUSES DUE TO (b) <u>GASTRO-INTESTINAL</u> DUE TO (c) <u>HEMORRHAGE</u>  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>578X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2 Dec, 1951, to 4 Dec, 1951, that I last saw the deceased alive on 4 Dec, 1951, and that death occurred at 5:00 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert H. ...</u>	23b. ADDRESS <u>West Plains, Mo</u>	23c. DATE SIGNED <u>11 Dec 51</u>
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24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>B</u>	24b. DATE <u>12/6-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newell Day</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-5-52</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	EMERALD DIRECTOR'S SIGNATURE <u>Robert H. ...</u>	ADDRESS <u>West Plains Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 .....  
Student Embalmer

Signed

*D. D. Roberts*

Licensed Embalmer No.

*3437*

P. O. Address

*West Plains*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.