

STANDARD CERTIFICATE OF DEATH

State File No. **43912**

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **4418** Registrar's No. **112**

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMDEN POINT		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMDEN POINT 0830	
c. LENGTH OF STAY (In this place) 8 YEARS		d. STREET ADDRESS (If rural, give location) CAMDEN POINT, MISSOURI	
d. FULL NAME OF HOSPITAL OR INSTITUTION CAMDEN POINT, MISSOURI			

3. NAME OF DECEASED (Type or Print) a. (First) DORA b. (Middle) LEE c. (Last) DE JARNATT			4. DATE OF DEATH (Month) (Day) (Year) 12-30-53		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	
8. DATE OF BIRTH AUG. 1, 1870		9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR: Hours Mins. 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (City and State or Foreign Country) JACKSON COUNTY, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME ALBERTO STEWART		13b. MOTHER'S MAIDEN NAME MARY M. BISHOP	
14. NAME OF HUSBAND OR WIFE WILLIAM W. DE JARNATT		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME PAUL R. DE JARNATT		18. ADDRESS CAMDEN POINT, MISSOURI			

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary sclerosis & generalized arteriosclerosis & hypertension		4201	
DUE TO (c) Sclerosis & hypertension		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Cardiovascular disease		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) (Min.)		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 **Dec 1948**, to **Dec 30**, 1953, that I last saw the deceased alive on **Dec 30**, 1953, and that death occurred at **2:35 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. Graham Parker M.D.		23b. ADDRESS Platte City, Mo		23c. DATE SIGNED 12/30/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 2-1954		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		24e. FUNERAL DIRECTOR'S SIGNATURE H. S. Newcomer Sr.		24f. ADDRESS 1731 BAYN CREEK BLVD KANSAS CITY, MISSOURI	

DATE REC'D BY LOCAL REG. 12-30-53		REGISTRAR'S SIGNATURE Alphina Rollins		25. FUNERAL DIRECTOR'S SIGNATURE H. S. Newcomer Sr.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0830

FORM E-3 1952

OCT 22 1954

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 *Robert E. Larson*

Licensed Embalmer No. *4849*

P. O. Address *G. P. 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.