

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1676

State File No.

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Columbus</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Columbus</u>	
c. LENGTH OF STAY (In this place) <u>76 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rfd. Centerview Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rfd. Centerview Mo. /</u>		e. STREET ADDRESS (If rural, give location) <u>Rfd. Centerview Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Levi</u> b. (Middle) <u>Jacoby</u> c. (Last) <u>Jacoby</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 27 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 16 1851</u>	9. AGE (In years last birthday) <u>97</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <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>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Plymouth Ind /</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>
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13a. FATHER'S NAME <u>Elias Jacoby</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Shaw</u>	14. NAME OF HUSBAND OR WIFE <u>May Jacoby</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Jacoby Centerview Mo.</u>	ADDRESS <u>Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
	MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____	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 Jan 25, 1949, to Jan 27, 1949, that I last saw the deceased alive on Jan 27, 1949, and that death occurred at 6 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Stephen M.D. V</u>	(Degree or title) _____	23b. ADDRESS <u>Warrensburg, MO</u>	23c. DATE SIGNED <u>Jan 28, 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 30 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jacoby Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Rfd. Centerview Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 28, 1949</u>	REGISTRAR'S SIGNATURE <u>Savannah Phillips</u>	147 F. FUNERAL DIRECTOR'S SIGNATURE <u>Savannah Phillips</u>	ADDRESS <u>Warrensburg Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

51
0
0

4222

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 J. Carl Priest.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3878.....

P. O. Address Warrensburg 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.