

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41852

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BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sale Memorial Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SENECA</u>	
d. STREET ADDRESS (If rural, give location)		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 18, 1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>H.</u> c. (Last) <u>JACOBS</u>		4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX <u>MALE</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>AUG 4, 1878</u>		9. AGE (In years last birthday) <u>71</u> if UNDER 1 YEAR Months <u>4</u> Days <u>14</u> if UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>EMPORIA KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LUTHER DAVID JACOBS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ANN BAILEY</u>	
14. NAME OF HUSBAND OR WIFE <u>HELEN JACOBS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NONE</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>HELEN JACOBS</u>		ADDRESS <u>SENECA 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12-749</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u>		<u>4500</u>	
DUE TO (c) <u>Arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Interstitial nephritis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
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 <u>Dec 12th</u> , 19 <u>49</u> , to <u>Dec 18th</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 18th</u> , 19 <u>49</u> , and that death occurred at <u>8:05 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Melvin P. Bowman M.D.</u> (Degree or title)		23b. ADDRESS <u>Neosho Mo</u>	
23c. DATE SIGNED <u>Dec 20, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>12/19/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Garnet Kansas Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Garnet Kansas</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 20, 1949</u>		REGISTRAR'S SIGNATURE <u>223</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Barley Thompson</u>		ADDRESS <u>Neosho</u>	

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

RECEIVED

District Health Officer No. Newton Co. H.D.
District File Number 150-7
Date Filed JAN 3 1950

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 R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Wesley, Me.

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.