

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41892**

BIRTH NO. _____ REG. DIST. NO. **250** PRIMARY REG. DIST. NO. **5850** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Madison Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Madison	
c. CITY (If outside corporate limits, write RURAL and give township) Stations Washington Township		c. CITY (If outside corporate limits, write RURAL and give township) Stations Washington Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Washington Township		d. STREET ADDRESS (If rural, give location) S.W. of Stations 6 MI	

3. NAME OF DECEASED (Type or Print) Mr. Carrie Ann Jacoby			4. DATE OF DEATH (Month) (Day) (Year) 12-5-49		
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5. SEX Female	6. COLOR OF RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH June 5-1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 6	IF UNDER 1 YEAR Days 2	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Mio.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Germany Co. MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Guemley	13b. MOTHER'S MAIDEN NAME Elizabeth Ellis	14. NAME OF HUSBAND OR WIFE Albert V Jacoby
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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 Montez Jacoby	ADDRESS Stations MO
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH 4 1/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis		
	DUE TO (c) _____		
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	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) m.	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 **Aug 20, 1946**, to **Dec 5, 1949**, that I last saw the deceased alive on **Sept 7, 1949**, and that death occurred at **8 A** m., from the causes and on the date stated above.

23a. SIGNATURE D. E. Blacklock M.D.	(Degree or title)	23b. ADDRESS Henry City MO	23c. DATE SIGNED 12/5/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/17/49	24c. NAME OF CEMETERY OR CREMATORY Hickory	24d. LOCATION (City, town, or county) (State) Stations MO
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DATE REC'D BY LOCAL REG. Dec. 6-49	REGISTRAR'S SIGNATURE Mrs. Elza Boushaw	37025. FUNERAL DIRECTOR'S SIGNATURE Victor G. Phillips	ADDRESS Stations MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Licensed Embalmer No. 1898

P. O. Address Statenburg 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.