

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29326

FILED OCT 11 1950

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 175	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Audrain		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (in this place) 14 hours		a. STATE Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Martinsburg 0040		d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) Mary	b. (Middle) Dorothy	c. (Last) Jacobi	(Month) Oct	(Day) 5	(Year) 1950	FEMALE	6. COLOR OF RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 3-21-1931	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR 7	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Factory Office
10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (State or foreign country) MARTINSBURG Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Fred Jacobi	13b. MOTHER'S M maiden name Elizabeth Kerstina	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 440-30-9676	17. INFORMANT'S SIGNATURE OR NAME MRS. FRED JACOBI					
18. CAUSE OF DEATH	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH				
Enter only one cause per line for (a), (b), and (c)	Coronary Calc. Myocardial Infarction	Watersbury, Md.	None				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	Syndrome - Meningococcal Septicemia (supp report)	None				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	DUE TO (c)				
		Mildred A. Hale, pending trial	Findings of fresh Mortar No				
	II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.	evidence of ridges or foul play				
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY?	YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	None				
22. I hereby certify that I attended the deceased from August 19, 1950, until Oct. 5, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ A. M., from the causes and on the date stated above.							
23a. SIGNATURE S. C. Adams, M.D.			23b. ADDRESS Corona, Mexico Mo			23c. DATE SIGNED 10-5-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10-9-50	24c. NAME OF CEMETERY OR CREMATORY St. Josephs Lem	24d. LOCATION (City, town, or county) (State) MARTINSBURG Mo				
DATE REC'D BY LOCAL REG. Oct 7-1950	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE M.B. Wells	ADDRESS Wellsville Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 9
DISTRICT HEALTH OFFICE
District File Number 10-
Date Filed: OCT 9 1958

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Clarence A. Arnold

Licensed Embalmer No. 35690

P. O. Address Mexico, Ill.

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.