

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13103

S. No. 300
v. 10.48

532
1

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 458

| | | | |
|-------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Laclede</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon Gen. Del.</u> | |
| c. LENGTH OF STAY (In this place) <u>unknown</u> | | d. STREET ADDRESS (If rural, give location) <u>Gen. Del. 0532</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lebanon Gen. Del.</u> | | | |

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|------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------|------------------------------------------------|
| 3. NAME OF DECEASED a. (First) <u>Nellie</u> b. (Middle) <u>Eva</u> c. (Last) <u>Jacobson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 3, 1951</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u> | 8. DATE OF BIRTH <u>Oct. 15, 1916</u> | 9. AGE (In years last birthday) <u>34</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waitress Ben Tavern</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |

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|---------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|--|----------------------------------------------------------------------------|--|
| 13a. FATHER'S NAME <u>J. H. Sherer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Florence Teaverbaugh</u> | | 14. NAME OF HUSBAND OR WIFE <u>unknown</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Van Sherer Sleeper 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Ruptured ovarian cyst c. Hemoperitoneum</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>6.25X</u> | | | |

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|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION <u>4-2-51</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Ruptured ovarian cyst c. Hemoperitoneum</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) | 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 4-1, 1901, to 4-3, 1951, that I last saw the deceased alive on 4-3, 1951, and that death occurred at 10: A. m., from the causes and on the date stated above.

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|-------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------|--|
| 23a. SIGNATURE <u>H. Carrington, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Lebanon, Mo.</u> | | 23c. DATE SIGNED <u>4-6-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4/5/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Barnett Cemetery Near Sleeper</u> | | 24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>4-7-1951</u> | REGISTRAR'S SIGNATURE <u>Mella L. Day</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. E. Holman Lebanon Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Received APR 14 1951

Laclede County Health Unit

File No. 4-51-55

Date Filed APR 14 1951

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 *Dorsey M Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon, 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.