

FILED JUL 3-1951

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

State File No. **19729**
Registrar's No. **168**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City, Mo		c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City 0264	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 501 Lafayette St	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELIZA c. (Last) JACO			4. DATE OF DEATH (Month) (Day) (Year) June-26-1951				
5. SEX Female	6. COLOR OR RACE Wears	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Divorced 3	8. DATE OF BIRTH August 12-1917	9. AGE (In years last birthday) 38	10. MONTHS 10	11. DAYS 14	12. CITIZEN OF WHAT COUNTRY U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Cafe		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Ed Jacob	13b. MOTHER'S MAIDEN NAME Bennett Hayes	14. NAME OF HUSBAND OR WIFE unknown
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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. unk.	17. INFORMANT'S SIGNATURE OR NAME Lurline Black	ADDRESS 415 Lafayette
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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) Hypertensive cardio-vascular disease		INTERVAL BETWEEN ONSET AND DEATH Years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 443X	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)
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 **June 14, 1951**, to **June 26, 1951**, that I last saw the deceased alive on **June 25, 1951**, and that death occurred at **1:00A m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert H. Tanner, M.D.	(Degree or title)	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 6-29-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 30 1951	24c. NAME OF CEMETERY OR CREMATORY Salisbury Cemetery	24d. LOCATION (City, town, or county) (State) Salisbury, Mo
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DATE REC'D BY LOCAL REG. June 30-1951	REGISTRAR'S SIGNATURE R.P. Harris MD	25. FUNERAL DIRECTOR'S SIGNATURE Tanner Funeral Home	ADDRESS 700 Jefferson
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Janner

RECEIVED 7-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 2-2-51

JAN 24 1955

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.

..... Student Embalmer No.....

Signed.....

[Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 3641

P. O. Address Juno.

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.