

FILED SEP 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 26142
215

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>215</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Boone</u>		<u>0195</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Columbia</u>)		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		<u>0195</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>302 S. 9th St.</u>				d. STREET ADDRESS (If rural, give location) <u>302 S. 9th St.,</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FRANK</u>		b. (Middle) <u>ERNEST</u>		c. (Last) <u>JACOBS</u>	
4. DATE OF DEATH		(Month) <u>August</u>		(Day) <u>24,</u>		(Year) <u>1951</u>	
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>Apr. 22, 1878</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR <u>4</u> Months <u>2</u> Days		IF UNDER 1 HR. <u>0</u> Hours <u>0</u> Min.		11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer & Cab Driver</u>				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>W.T. Jacobs</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Frances Turner</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie Lee Evans Jacobs</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>215-20-2122</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frank E. Jacobs, Columbia, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aortic insufficiency</u>		ANTECEDENT CAUSES DUE TO (b) <u>Rues</u>				<u>prob. 10 years</u> <u>unknown</u> <u>prob. in youth</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>023X</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>2-13, 1950</u> , to <u>8-24, 1951</u> , that I last saw the deceased alive on <u>8-23, 1951</u> , and that death occurred at <u>9:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James W. Allen MD</u> (Degree or title)				23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>8-25-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 26, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 28 1951</u>		REGISTRAR'S SIGNATURE <u>Mr. R. E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parsons Funeral Service, Columbia Mo</u>		ADDRESS	

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

RECEIVED 9-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-4-51

SEP 13 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 *Clarence M. Billo*

Licensed Embalmer No. 4375

P. O. Address *Columbia, 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.