

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29522**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1022**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SAVANNAH</b>	
c. LENGTH OF STAY (in this place) <b>3 mo</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2722 Locust St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Oliver</b> b. (Middle) <b>Franklin</b> c. (Last) <b>Jacobs</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 - 2 - 1951</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>7-5-1878</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>DeKalb Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Benjamin Jacobs</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline M. CLAY</b>		14. NAME OF HUSBAND OR WIFE <b>-not known</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Benjamin H. Jacobs 2722 Locust St</b>	

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* <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) <b>Arteriosclerosis, general</b>			<b>1 yr.</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>			<b>5 yr.</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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?

22. I hereby certify that I attended the deceased from **8/28**, 1951, to **10/2**, 1951, that I last saw the deceased alive on **10-11**, 1951, and that death occurred at **8:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	23b. ADDRESS <b>St. Joseph Mo</b>	23c. DATE SIGNED <b>10/3/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-5-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>oak grove</b>
24d. LOCATION (City, town, or county) (State) <b>near Knien Star Mo</b>		

DATE REC'D BY LOCAL REG. <b>Oct. 3, 1951</b>	REGISTRAR'S SIGNATURE <b>Carl C. Casal</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Breit Funeral Home</b>	ADDRESS <b>SAVANNAH Mo</b>
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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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Swanwich 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.