No. 300
10.48

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42062

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 98

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HERCULANEUM Mo
c. LENGTH OF STAY (In this place): 10 MINUTES
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DR. SENN'S OFFICE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: JEFFERSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL ROCK TOWNSHIP, O
d. STREET ADDRESS (If rural, give location): ANTONIA Mo

3. NAME OF DECEASED (Type or Print)
a. (First): CLIFFORD
b. (Middle): M.
c. (Last): JACOBS

4. DATE OF DEATH (Month) (Day) (Year): DEC. 11, 1951

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 19, 1906
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months 4, Days 22 — IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK
10b. KIND OF BUSINESS OR INDUSTRY: GENERAL STORE
11. BIRTHPLACE (State or foreign country): HOUSE SPRINGS Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: FRED JACOBS
13b. MOTHER'S MAIDEN NAME: ANNIE JACOBS
14. NAME OF HUSBAND OR WIFE: DOLLIE JACOBS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): — —
16. SOCIAL SECURITY NO.: 499-26-1801
17. INFORMANT'S SIGNATURE OR NAME: DOLLIE JACOBS — ADDRESS: KIMMSWICK, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Mild Angina — 2 weeks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 11, 1951, *to* Dec 11, 1951, *that I last saw the deceased alive on* Dec 11, 1951, *and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr E. Senn D M D
23b. ADDRESS: Herculaneum, Mo
23c. DATE SIGNED: 12/10/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC 13. 1951
24c. NAME OF CEMETERY OR CREMATORY: CEDAR HILL (LOCAL) CEMETERY
24d. LOCATION (City, town, or county) (State): CEDAR HILL Mo

DATE REC'D BY LOCAL REG.: 12-13-51
REGISTRAR'S SIGNATURE: Gentry R. Politte 444
25. FUNERAL DIRECTOR'S SIGNATURE: HEILIGTAG FUNERAL HOME — ADDRESS: KIMMSWICK Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 12-26-51

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 Arthur W. Heiligtag

Signed.....
Student Embalmer

Licensed Embalmer No. 3872

P. O. Address Kimmswick,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.