

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4570**

FILED MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5-446 Registrar's No. 19

383

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

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Darlington R.R.		c. LENGTH OF STAY (in this place) All Lif	
d. FULL NAME OF HOSPITAL OR INSTITUTION In the Presbyterian Church Vestibule		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Darlington R.R.	
		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Albert	b. (Middle) Hunter	c. (Last) Jacoby	4. DATE OF DEATH (Month) (Day) (Year) Feb. 24. 1952.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 20. 1894	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 6	IF UNDER 1 YEAR Days 4	IF UNDER 1 HR. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Darlington Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Albert Jacoby	13b. MOTHER'S MAIDEN NAME Carrie Grunsley	14. NAME OF HUSBAND OR WIFE Gladys Jacoby
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Gladys Jacoby	ADDRESS Darlington Mo, F.R.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis few minutes		2 1/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) Arterio Sclerosis		
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: 4201	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-24 1952, to 2-24 1952, that I last saw the deceased alive on 2-24 1952, and that death occurred at 10 A.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) M.D.	23b. ADDRESS King City Mo	23c. DATE SIGNED 2-25-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2.26.1952	24c. NAME OF CEMETERY OR CREMATORY King City	24d. LOCATION (City, town, or county) (State) King City Mo.
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DATE REC'D BY LOCAL REG. Feb 29 52	REGISTRAR'S SIGNATURE Maudie Williams	462	25. FUNERAL DIRECTOR'S SIGNATURE R. H. Taggart	ADDRESS King City Mo
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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 *Charles E. Bennett*

Licensed Embalmer No. *4677*

P. O. Address *St Joseph 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.