

No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19011**

FILED MAY 26 1952

REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **106**

0972
1

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Marshall 1972	
c. LENGTH OF STAY (in this place) 31 Yrs.		d. STREET ADDRESS (If rural, give location) 774 E. Eastwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION 774 E. Eastwood		e. STREET ADDRESS 774 E. Eastwood	

3. NAME OF DECEASED (Type or Print) Joseph John Jacoby	a. (First) Joseph	b. (Middle) John	c. (Last) Jacoby	4. DATE OF DEATH (Month) (Day) (Year) May 19 1952
---	--------------------------	-------------------------	-------------------------	--

5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH July 3 1872	9. AGE (In years) (Months) (Days) (Hours) (Min.) 79 8 16
-----------------------------	-------------------------------	---	-------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor-Retired	10b. KIND OF BUSINESS OR INDUSTRY Home Building	11. BIRTHPLACE (City and State or Foreign Country) Marshall, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	--

13a. FATHER'S NAME Michael Jacoby	13b. MOTHER'S MAIDEN NAME Anna McKenna	14. NAME OF HUSBAND OR WIFE -----
--	---	--

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. None	17. INFORMANT'S SIGNATURE OR NAME Joseph Jacoby Jr.-Minneapolis, Minn	ADDRESS -----
--	-------------------------------------	--	----------------------

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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 Days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	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 331X	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) -----	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? -----
--	---	---

22. I hereby certify that I attended the deceased from **5/13**, 19**52**, to **5/19**, 19**52** that I last saw the deceased alive on **5/19**, 19**52** and that death occurred at **5 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. J. Johnson, M.D. (Degree or title)	23b. ADDRESS Marshall, Mo	23c. DATE SIGNED 5/20/52
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/21/52	24c. NAME OF CEMETERY OR CREMATORY Ridge Park	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. May, 21, 1952	REGISTRAR'S SIGNATURE Ordway T. Gray, SR	25. FUNERAL DIRECTOR'S SIGNATURE J. Leslie Sweeney	ADDRESS Marshall, Mo
---	---	---	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

NOV 24 1955

OCT 28 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. Lealie Sussney

Licensed Embalmer No. 2235

P. O. Address Wesro hall

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.