

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38472

State File No. ....

FILED DEC 10 1952

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>23</u>			
1. PLACE OF DEATH a. COUNTY <u>Newport</u>				2. USUAL RESIDENCE (Where deceased lived. An institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newport</u>					
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>none</u>		c. CITY OR TOWN <u>West Plains 0461</u>		d. STREET ADDRESS (If rural, give location) <u>1268 Aldredg<sup>rd</sup></u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		3. NAME OF DECEASED (Type or Print) a. (First) <u>Gas</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Jacks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-7-52</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>1-21-1881</u>			
9. AGE (In years, last birthday) <u>71</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Newport, Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Gas R Jacks</u>		13b. MOTHER'S MAIDEN NAME <u>Martha England</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Jacks</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>49314-0515A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs G A Jacks</u>		ADDRESS <u>West Plains Mo</u>			
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) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>10 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>4221</u> 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) (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>11-7-1952</u> to <u>11-7-1952</u> , that I last saw the deceased alive on <u>11-7-1952</u> , and that death occurred at <u>1:45</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>E. J. Callahan M.D.</u> (Degree or title)				23b. ADDRESS <u>West Plains, Mo</u>		23c. DATE SIGNED <u>11-24-52</u>			
24a. BURIAL, CREMATION, REBURIAL (Specify) <u>B</u>		24b. DATE <u>11-9-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Brandsburg Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-1-52</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> <u>379-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson West Plains Mo</u> ADDRESS _____					

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

Callahan

---

---

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. D. Roberts*

Licensed Embalmer No. *3437*

P. O. Address *West Harris*

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.