

FILED JAN 12 1953

STANDARD CERTIFICATE OF DEATH

44255  
State File No. 93

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6151 Registrar's No. 93

1030  
1

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

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>rural ebbw twp.</u>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>rural ebbw twp.</u>		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>East of Favall.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jimmie</u> b. (Middle) <u>#####</u> c. (Last) <u>Jacobs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 12 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov 10 1893</u>	9. AGE (In years last birthday) <u>59</u> if UNDER 1 YEAR: MONTHS _____ DAYS _____ if UNDER 6 HRS. _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>State of Mississippi</u>	
13a. FATHER'S NAME <u>Jim Jacobs</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Andrew Jacobs</u> ADDRESS <u>Patron Mo; Rt. 1</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</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.					
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) <u>4201</u>	
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 <u>Nov 1952</u> , to <u>Dec 1952</u> , that I last saw the deceased alive on <u>10 Dec 1952</u> , and that death occurred at <u>3:04 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Charles E. Beck</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>New Madrid Mo.</u>		23c. DATE SIGNED <u>17 Dec 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec 14 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Patron Colored</u>	
24d. LOCATION (City, town, or county) (State) <u>North Patron Mo;</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walters Funeral Sr.</u> ADDRESS <u>Parma MO;</u>			

DATE REC'D BY LOCAL REG. <u>1-8-53</u>		REGISTRAR'S SIGNATURE <u>Delma D. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walters Funeral Sr.</u> ADDRESS <u>Parma MO;</u>	
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(Licensed Embalmer's Statement on Reverse Side)

**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 Walter Marsh Utteris

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.