

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2276

State File No.

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4359 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u> <u>0696</u>	
c. LENGTH OF STAY (in this place) <u>4 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>W. LOCUST ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. LOCUST ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ESTILL</u> b. (Middle) <u>LUTHER</u> c. (Last) <u>JACO</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 28, 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APR. 8, 1879</u>
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Automotive Eng.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>TRACTOR MFG.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JEREMIAH JACO</u>		13b. MOTHER'S MAIDEN NAME <u>CORNELIA B. WELCH</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY EMMA JACO</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I.</u>		16. SOCIAL SECURITY NO. <u>V</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>LUTHER E. JACO, ST. LOUIS, MO.</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>481X</u>	
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) (m.)		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>Jan 28, 1953</u> , to <u>Jan 28, 1953</u> , that I last saw the deceased alive on <u>1-28, 1953</u> , and that death occurred at <u>9:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. A. Barnett</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>PARIS, MO.</u>	
23c. DATE SIGNED <u>1-29-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 31, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>HIRAM CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO., MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>1-29-53</u>		REGISTRAR'S SIGNATURE <u>J. A. Barnett</u>	
435-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed Blakey</u>	
ADDRESS <u>PARIS, MISSOURI</u>			

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

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FEB 10 1950

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.