

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9217

State File No. ....

FILED MAR 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 68

|                                                                                                    |  |                                                                                                                                    |  |
|----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cole Jefferson City Mo</u>                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Osage</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chamois Mo.</u>                                    |  |
| c. LENGTH OF STAY (in this place) <u>3-11-53</u>                                                   |  | d. STREET ADDRESS (If rural, give location) <u>0760</u>                                                                            |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chas. E. Still Osteopathic Hosp.</u>                    |  |                                                                                                                                    |  |

|                                                                |             |                           |                                                           |
|----------------------------------------------------------------|-------------|---------------------------|-----------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Wyoma</u> | b. (Middle) | c. (Last) <u>Jaccoud.</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Mar 16 53</u> |
|----------------------------------------------------------------|-------------|---------------------------|-----------------------------------------------------------|

|                      |                               |                                                                       |                                                   |                                           |                           |                         |                          |                          |
|----------------------|-------------------------------|-----------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------|---------------------------|-------------------------|--------------------------|--------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>July 14<sup>th</sup> 1899</u> | 9. AGE (In years last birthday) <u>54</u> | if UNDER 1 YEAR<br>Months | if UNDER 1 YEAR<br>Days | if UNDER 1 YRS.<br>Hours | if UNDER 1 YRS.<br>Mins. |
|----------------------|-------------------------------|-----------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------|---------------------------|-------------------------|--------------------------|--------------------------|

|                                                                                                              |                                               |                                                                               |                                             |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>America</u> |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------|

|                                           |                                                 |                                                         |
|-------------------------------------------|-------------------------------------------------|---------------------------------------------------------|
| 13a. FATHER'S NAME <u>August Philbert</u> | 13b. MOTHER'S MAIDEN NAME <u>Wyoma Philbert</u> | 14. NAME OF HUSBAND OR WIFE <u>Emile Joseph Jaccoud</u> |
|-------------------------------------------|-------------------------------------------------|---------------------------------------------------------|

|                                                                                                                    |                               |                                                                                            |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mr. Emile Joseph Jaccoud, Chamois Mo.</u> |
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|                                                                                                                                                                                                                                |                                                                                                                                                                                             |  |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory failure, decompensated, &amp; Pulmonary</u>                                                                           |  | INTERVAL BETWEEN ONSET AND DEATH |
|                                                                                                                                                                                                                                | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Chronic Pulmonary Congestion and Mitral Stenosis</u> |  |                                  |
|                                                                                                                                                                                                                                | DUE TO (c) <u>Hypertension</u>                                                                                                                                                              |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS:<br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                           |                                                                                                                                                                                             |  |                                  |

|                        |                                  |                                                                                     |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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) (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 Mar. 2<sup>nd</sup> 1953 to Mar 16<sup>th</sup> 1953 that I last saw the deceased alive on Mar 16, 1953, and that death occurred at 11:04 a.m., from the causes and on the date stated above.

|                                                                  |                                                       |                                 |
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| 23a. SIGNATURE <u>E. Spencer Macauley D.O.</u> (Degree or title) | 23b. ADDRESS <u>303 W. M. C. Carty Jefferson City</u> | 23c. DATE SIGNED <u>3-16-53</u> |
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|                                                         |                            |                                                       |                                                                          |
|---------------------------------------------------------|----------------------------|-------------------------------------------------------|--------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3-19-1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Cadet Creek</u> | 24d. LOCATION (City, town, or county) (State) <u>Lone Creek Mo. R.D.</u> |
|---------------------------------------------------------|----------------------------|-------------------------------------------------------|--------------------------------------------------------------------------|

|                                             |                                                     |                                                                          |
|---------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------|
| DATE REC'D BY LOCAL REG. <u>March 18-53</u> | REGISTRAR'S SIGNATURE. <u>R. P. Dorris, Md. Dr.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Clyde Merton Linn Mo</u> |
|---------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------|

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

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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 Chas. M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, 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.