

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12898**

LED APR 6 1953

BIRTH NO. _____ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **4469** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Ste. Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ste. Genevieve	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ste. Genevieve		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ste. Genevieve 0951	
c. LENGTH OF STAY (In this place) 27 Months		d. STREET ADDRESS (If rural, give location) Ste. Genevieve Rest Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ste. Genevieve Rest Home			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) John	b. (Middle) DeForest	c. (Last) Jacobs	(Month) March	(Day) 31	(Year) 1953

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown	8. DATE OF BIRTH September 2, 1876	9. AGE (In years, last birthday)	IF UNDER 1 YEAR	IF UNDER 12 HRS.
				76	Months 9	Days 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) Unknown	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Perry County Welfare Office, Perryville, Mo.	ADDRESS Welfare Office, Perryville, Mo.
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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 24 yrs. 4 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myo Carditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-Sclerosis 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 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Mar. 1, 1953**, to **Apr. 3-21, 1953**, that I last saw the deceased alive on **Mar. 21, 1953**, and that death occurred at **6:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Arthur E. [Signature] (Degree or title) MD	23b. ADDRESS Ste. Genevieve Mo 190	23c. DATE SIGNED 3-31-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE March 31, 1953	24c. NAME OF CEMETERY OR CREMATORY Home Cemetery	24d. LOCATION (City, town, or county) (State) Perryville, Mo.
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DATE REC'D BY LOCAL REG. April 2, 1953	REGISTRAR'S SIGNATURE Kenneth [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Albert [Signature]	ADDRESS Perryville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Albert Bey.*

Signed.....
Student Embalmer

Licensed Embalmer No. *3866*

P. O. Address *Perrysville, 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.