

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14781

FILED APR 18 1953

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 596 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL, and give town) <b>Rural-Valle</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-Valle 0500</b>	
c. LENGTH OF STAY (in this place) <b>YRS</b>		d. STREET ADDRESS (If rural, give location) <b>Rt. 2 - De Soto</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt. 2 - De Soto</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b> b. (Middle) <b>JOHN</b> c. (Last) <b>JACOBY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APR. 6 - 1953</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED NEVER MARRIED; WIDOWED DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>APR. 7 - 1884</b>
9. AGE (In years last birthday) <b>68</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	11. BIRTHPLACE (State or foreign country) <b>RUSSIA</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>House Painting</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>UN KNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UN KNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>MYRA DeClue Jacoby</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>48716-5798</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Myra Jacoby Rt. 2 - De Soto Mo.</b>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>  <b>years.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary artery sclerosis</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 <b>4201</b>	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)	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 **Jan 11**, 19**49**, to **Apr 6**, 19**53**, that I last saw the deceased alive on **Apr. 5**, 19**53**, and that death occurred at **1:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul V. Hoffmeyer M.D.</b>	23b. ADDRESS <b>De Soto Mo</b>	23c. DATE SIGNED <b>Apr. 6 - 53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4-9-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>
24d. LOCATION (City, town, or county) (State) <b>De Soto Mo.</b>		

DATE REC'D BY LOCAL REG. <b>4/9/53</b>	REGISTRAR'S SIGNATURE <b>Marie Harriet Lee Mathusheal</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>De Soto Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 2 1953

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED APR 14 1953

NOV 17 1958

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.....  
Student Embalmer

Signed Andrew H England

Licensed Embalmer No. 4745

P. O. Address De Soto 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.