

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 12 1953

BIRTH NO. REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada	
c. LENGTH OF STAY (In this place) 23 yrs.		1082	
d. FULL NAME OF HOSPITAL OR INSTITUTION 703 North Cedar		d. STREET ADDRESS (If rural, give location) 703 North Cedar	

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Nash c. (Last) Jacobs		4. DATE OF DEATH (Month) (Day) (Year) May 7 1953	
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 2 1886
9. AGE (In years last birthday) 67		10. KIND OF BUSINESS OR INDUSTRY Signalman, Retired Mo. Pac. R.R.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Signalman, Retired		11. BIRTHPLACE (City and State or Foreign Country) Tamaroa, Illinois	
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Jacobs		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ethel May Jacobs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Faye Olmstead Nevada, Missouri	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sun shot wound self in-		INTERVAL BETWEEN ONSET AND DEATH E 976 X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) flicted. Suicide		
	DUE TO (c) used 12 ga. shot gun and shot self between waist		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. line and heart slightly on left side. (left side) Had been dead approximately 4 hrs. when found.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION left side. (left side) Had been dead approximately 4 hrs. when found.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada, Vernon MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-7-53	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR shot gun wound self inflicted "suicide"	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Walter D. Sherman, 3 (Degree or title) Coroner	23b. ADDRESS Nevada, Missouri	23c. DATE SIGNED 5-9-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 9 1953	24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	24d. LOCATION (City, town, or county) (State) Nevada Missouri
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DATE REC'D BY LOCAL REG. 5-9-1953	REGISTRAR'S SIGNATURE Anna E. Fovey	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ferry Funeral Home Nevada, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-82

MAY 18 1953

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 _____



Licensed Embalmer No. 1760

P. O. Address Nevada, 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.