

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20439

State File No. ....

FILED MAY 29 1953

BIRTH NO. ....		REG. DIST. NO. 330		PRIMARY REG. DIST. NO. 6112B		State File No. ....		Registrar's No. 8																	
1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>																					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Illmo</b>		c. LENGTH OF STAY (in this place) <b>13yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Illmo</b> <b>1000</b>																					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0</b>																					
3. NAME OF DECEASED (Type or Print)			a. (First) <b>Alice</b>			b. (Middle) <b>Louisa</b>			c. (Last) <b>Jacobson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 20, 1953</b>													
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>October 6, 1883</b>		9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months <b>7</b>		IF UNDER 12 HRS. Days <b>14</b>		IF UNDER 1 MIN. Hours <b>--</b>		IF UNDER 1 MIN. Min. <b>--</b>									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY -----				11. BIRTHPLACE (State or foreign country) <b>Macedonia, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>													
13a. FATHER'S NAME <b>Ruben Dial</b>				13b. MOTHER'S MAIDEN NAME <b>Nancy Ann Hefner</b>				14. NAME OF HUSBAND OR WIFE <b>Ira Jacobson</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>None</b>				17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Veneta Cochran</b>				ADDRESS <b>Illmo, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.												MEDICAL CERTIFICATION												INTERVAL BETWEEN ONSET AND DEATH <b>1 m</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>																									
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 <b>331X</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 <b>May 15, 1953</b> to <b>May 20, 1953</b> , that I last saw the deceased alive on <b>May 19, 1953</b> , and that death occurred at <b>1-45 P.</b> m., from the causes and on the date stated above.																									
23a. SIGNATURE <b>G. J. ...</b> (Degree or title) <b>M. D.</b>								23b. ADDRESS <b>Illmo, Mo.</b>				23c. DATE SIGNED <b>May 21 53</b>													
24a. BURIAL OR CREMATION REMOVAL (Specify) <b>Burial</b>				24b. DATE <b>May 22, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lightner Cemetery</b>				24d. LOCATION (City, town, or county) (State) <b>Illmo Scott Missouri</b>															
DATE REC'D BY LOCAL REG. <b>May 27 53</b>				REGISTRAR'S SIGNATURE <b>G. J. ...</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>L.C. Siplinghoff</b>				ADDRESS <b>Illmo, Missouri</b>													

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 25 1953  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 553-114

MAY 2 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Jack J. Burnett  
Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.