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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20835

State File No. .....

BIRTH NO. FILED JUL 8 - 1953 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 269

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

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1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): 15days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arkansas
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Success, Rural, Carpenter
d. STREET ADDRESS (If rural, give location): None 8030 8

3. NAME OF DECEASED (Type or Print)
a. (First): Andrew
b. (Middle): Jackson
c. (Last): Jacobs

4. DATE OF DEATH (Month) (Day) (Year): June 17, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: July 15, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Success, Arkansas /
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: T. N. Jacobs
13b. MOTHER'S MAIDEN NAME: Laura Farrington
14. NAME OF HUSBAND OR WIFE: Cora 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: Cora Jacobs, Success, Arkansas

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cause Undetermined.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Prostatic Resection — 16 June 53

19a. DATE OF OPERATION: 16 June 53
19b. MAJOR FINDINGS OF OPERATION: Hypertrophy of Prostate. 610X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 June, 1953, *to* 17 June, 1953, *that I last saw the deceased alive on* 17 June, 1953, *and that death occurred at* 6P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A H Brookerson MD
23b. ADDRESS: 321 Oak, Poplar Bluff Mo
23c. DATE SIGNED: 23 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Hitt Cemetary
24d. LOCATION (City, town, or county) (State): Success, Arkansas

DATE REC'D BY LOCAL REG.: 7/2/53
REGISTRAR'S SIGNATURE: B H Minetree
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Richard C. Emmert, Corning Ark

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 6 1953
BUTLER CO. HEALTH CENTER
FILE No._____

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 Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Richard O. Emerson

Licensed Embalmer No. 782

P. O. Address Corning Ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.