

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27981

State File No. _____

FILED SEP 15 1953

BIRTH NO. _____		REG. DIST. NO. <u>52</u>		PRIMARY REG. DIST. NO. <u>5187</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Delta, Rural ^{township} Delta</u>		c. LENGTH OF STAY (In this place) <u>18 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Delta Mo. Rural</u>		0160	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Delta, Mo. Rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sudy</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Jaco</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 12 53</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1-24-94</u>	
9. AGE (In years last birthday) <u>59</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Yount, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE _____		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Cornelius Biri</u>			13b. MOTHER'S MAIDEN NAME <u>Massa</u>			14. NAME OF HUSBAND OR WIFE <u>Curtis Jaco</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Curtis Jaco</u> ADDRESS <u>Delta, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>high blood pressure</u> DUE TO (c) <u>hardening of arteries</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 or 3 days</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				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 <u>Jan 5, 1951 to Sept 17, 1953</u> that I last saw the deceased alive on <u>Sept 12, 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm Baracalk M.D.</u> (Degree of title)				23b. ADDRESS <u>Delta Mo</u>		23c. DATE SIGNED <u>Sept 12 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-14-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crossroad</u>		24d. LOCATION (City, town, or county) (State) <u>Crossroad Mo.</u>	
DATE REC'D BY LOCAL RES. <u>Sept 12 53</u>		REGISTRAR'S SIGNATURE <u>J. G. Linton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McCabe Funeral Home, Quebec, Mo.</u>			

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

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SEP 23 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 Thos. K. Allen

Licensed Embalmer No. 4055-

P. O. Address grakson

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.