

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2328

FILED JAN 21 1954

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3057 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Pike</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Loupsiana</u>		c. LENGTH OF STAY (in this place) <u>From 30 June 1954</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksville</u>		0820
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>Jacoby</u>	c. (Last) <u>McLeod</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13 1954</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>July 19-1895</u>	9. AGE (in years last birthday) <u>58</u>	10. UNDER 1 YEAR Months <u>5</u> Days <u>24</u>
10a. USUAL OCCUPATION (What kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Sam Jacoby</u>		13b. MOTHER'S MAIDEN NAME <u>Elba Irvine</u>	14. NAME OF HUSBAND OR WIFE <u>Dr. McLeod</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>Dr. McLeod</u> ADDRESS _____		
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) <u>Cerebro-vascular accident</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>uremia</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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) <u>331X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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>12-29, 1953</u> , to <u>1-13, 1954</u> , that I last saw the deceased alive on <u>1-12, 1954</u> , and that death occurred at <u>4:05 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John H. Hooker M.D.</u> (Degree or title)			23b. ADDRESS <u>Clarksville, Mo.</u>		23c. DATE SIGNED <u>1-14-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>Jan 19 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	24d. LOCATION (City, town, or county) (State) <u>Clarksville Mo</u>		
DATE REC'D BY LOCAL REG. <u>Jan 14 1954</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Carroll</u> ADDRESS <u>Clarksville Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 Geo. M. Callier

Licensed Embalmer No. 3839

P. O. Address Louisiana, 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.