

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29793**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **256**

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Columbia</b>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <b>Columbia</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1419 Stone St.</b>		STREET ADDRESS (If rural, give location) <b>1419 Stone St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALICE</b>		b. (Middle) <b>BERTHA</b>	c. (Last) <b>JACOBS</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 16, 1954</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>April 6, 1872</b>
9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Boone County, Missouri.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Elijah T. Ballenger</b>		13b. MOTHER'S MAIDEN NAME <b>Matilda Berry</b>	14. NAME OF HUSBAND OR WIFE <b>Charles B. Jacobs</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Tillie Melloway, Columbia, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>Carcinoma of liver</b></p> <p>DUE TO (c) <b>Generalized Arteriosclerosis</b></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> <b>1501</b>
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>9/16</b> , 1954, to <b>9/16</b> , 1954, that I last saw the deceased alive on <b>9/16</b> , 1954, and that death occurred at <b>6:10 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>James E. Steffan</b> (Degree or title) _____		23b. ADDRESS <b>Elkland, Mo.</b>	23c. DATE SIGNED <b>9/17/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 19, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rocky Fork Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Boone County, Missouri.</b>
DATE REC'D BY LOCAL REG. <b>Sept 17 1954</b>	REGISTRAR'S SIGNATURE <b>Mrs. R. E. Palmer</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Parsons Funeral Service, Columbia, Mo.</b>	

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.....  
Signature of Student Embalmer

Signed... *Thomas L. Zarnes* .....

Licensed Embalmer No. .... 41

P. O. Address *Salmon*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.