

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40625

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1166

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD
c. LENGTH OF STAY (in this place) 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION HARRISON REST HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).
a. STATE MO. b. COUNTY WRIGHT
c. CITY OR TOWN Mtn. Grove
d. Is Residence within limits of a city or incorporated town? Yes No
* STREET ADDRESS (If rural, give location) ROSE HILL 1141

3. NAME OF DECEASED (Type or Print)
a. (First) KATHRINE b. (Middle) _____ c. (Last) JACOBS

4. DATE OF DEATH (Month) (Day) (Year)
DEC 24 1954

5. SEX FEMALE
6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH 1860
Oct. 16, 1860

9. AGE (In years last birthday) 94 2 8
If UNDER 1 YEAR: _____
If UNDER 2 HRS.: _____
Hour | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY SAME

11. BIRTHPLACE (City and State or Foreign Country) ZANESVILLE OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM COATS

13b. MOTHER'S MAIDEN NAME ANN PATTON

14. NAME OF HUSBAND OR WIFE HARRY 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. NO

17. INFORMANT'S SIGNATURE OR NAME Carrie E. Jacobs ADDRESS Portland, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia

INTERVAL BETWEEN ONSET AND DEATH 4 days

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

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. Scrub typhus
fractured Rt hip

19a. DATE OF OPERATION Nov 19, 54

19b. MAJOR FINDINGS OF OPERATION Pinnaled fracture Rt femur neck

4 1/2 weeks

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rest Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Springfield Greene Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 18, 1954 (?)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Just lost her balance

22. I hereby certify that I attended the deceased from November - 1954, to Dec 24, 1954, that I last saw the deceased alive on Dec 18, 1954, and that death occurred at 2 P.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) J. Keeton Watson M.D.

23b. ADDRESS Springfield Mo. 23c. DATE SIGNED 12-28-54

24. BURIAL, CREMATION, OR REMOVAL (Specify) REMOVAL 24b. DATE 12/24/54

24c. NAME OF CEMETERY OR CREMATORY HILL CREST 24d. LOCATION (City, town, or county) (State) Mtn. Grove MO.

DATE REC'D BY LOCAL REG. 12-29-54 REGISTRAR'S SIGNATURE Edw. Williamson

25. FUNERAL DIRECTOR'S SIGNATURE Edw. Williamson ADDRESS Mtn. Home

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

FEB 1 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.....
Signature of Student Embalmer

Signed *R. W. Barber*

Licensed Embalmer No. *380*

P. O. Address *Mt. St. 96*

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.