

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4873

State File No. \_\_\_\_\_

837

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>42 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>722 HARRISON STREET</u>		STREET ADDRESS (If rural, give location) <u>138 722 HARRISON</u>	
3. NAME OF DECEASED a. (First) <u>Elton</u> b. (Middle) <u>Richard</u> c. (Last) <u>Jacobson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 21 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>AUG. 5, 1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED-2 YEARS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FOLAYS ELEC. K.C.K.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>EDWARD JACOBSON</u>	
13b. MOTHER'S MAIDEN NAME <u>LENNA RISEBIG</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>WORLD WAR II 497-14-9448</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>DOROTHY JACOBSON</u>		ADDRESS <u>722 HARRISON, K.C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Lower jaw, etc.</u>	
19a. DATE OF OPERATION <u>8-12-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>intraoral cancer (st. glangiva) with neck nodes metastases</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>8-1-</u> , 19 <u>54</u> , to <u>2-21-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-18</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>George O. Miles</u>		23b. ADDRESS <u>411 Nichols Rd., K.C., Mo</u>	
23c. DATE SIGNED <u>2-22-55</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	
23e. LOCATION (City, town, or county) (State) <u>KANSAS CITY, KANSAS</u>		24a. BURIAL CREMATION REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>FEB. 22, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, KANSAS</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcome</u>	
25. ADDRESS <u>1331 Birch Creek K.C. Mo.</u>		DATE REC'D BY LOCAL REG. <u>2-23-55</u>	
REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		_____	

WRITE PLAINLY—USING UNFADEING 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.....  
*Chester K Brown*

Licensed Embalmer No.....<sup>49</sup>

P. O. Address.....  
*KC 4*

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.